

#### THE DOCTOR AND THE DRUGGIST.

There lies before me a batch of correspondence that prompted me to write the above caption, and now as I sit and look at it, I am wondering what I can say that has not already been said, or what I can say that would do any good.

The doctor says the druggist is the meanest man on earth—he substitutes on prescriptions, sells patent medicines, wraps up the doctors' prescriptions in patent medicine ads, counter-prescribes, steals patients, etc.; while on the other hand, and with equal force, the druggist complains of the doctor that he dispenses or don't write half prescriptions enough, that he is the worst substitutor on earth, that except as a means of securing an output for the drug store he isn't much good, any way, and that he don't half attend to this which is conceived to be his legitimate function.

This state of affairs is just as nonsensical as the fight between labor and capital, and has the same actual foundation, the greed for money and the lack of a well-balanced, kindly charity—a live-and-let-live.

It is no use to argue the point from

either side. Taken as a whole, each is right and each is wrong, and the quicker this fact is recognized, the quicker minor bickerings are dropped and we all get down to business in a manly fashion, the better for all concerned. There's work enough, opportunity enough, and room enough, for all. If you have overstocked a locality, as is so often the case, then there will be trouble until by increase of population or decrease of supply a just balance is reached. If a man has made a mistake in his chosen calling he had better leave it for something to which he is better adapted, than to stick it out and quarrel with his neighbor.

Ours is a noble calling; our work is for humanity; and yet, from a business standpoint if from no other, we are entitled to far better remuneration and to far better treatment by the public at large than as a profession we receive. Whose fault is it? It is largely the fault of the physician himself. As a rule the world gives what in consciousness of right we demand, and the circle about you is the "world," so far as you are concerned.

Think it over, brother, study carefully how you may increase your ability, widen your opportunity and secure business-like returns based on the degree of both that you attain. Be an up-to-date business doctor; emulate the example of the successful business men about you in commercial fields; have what the people want, let them know you've got it, demand a right price and get your money.

Do "for sweet charity's sake," and God bless you, all that comes to your hand that is really worthy, but don't I beg of you be a dumping ground; and when you do give your service, don't forget to ask your drug store neighbor to give his also, and don't let the milkman or the grocer who asks you to see such and such a one for "charity," get away without leaving milk tickets or groceries to the equal of the usual fee for the service they ask you to render. It has a very salutary effect on subsequent conditions.

If it is best for you in your locality to write prescriptions, do so; and see that the druggist to whom you prescribe gets and keeps what you want. That every alleged brand of the same articles is the same in therapeutic effect is all bosh. If you wish to do a close, clean-cut job, you must know what you want, and get it; and to get it you must either specify that which cannot vary, in a way that cannot be substituted, or you must specify a particular druggist that will give you what you want.

If it is better for you to dispense, then buy what you want and can depend upon as being always the same; see that the form of drug is the best obtainable and the most convenient to use; be willing to pay a right price for accuracy, purity

and absolute dependability; and, having determined these points to your satisfaction, let no smooth-tongued solicitor with talk of prices disturb you or cajole you from a certainty to an uncertainty. Human life is too sacred and your success and consequent reputation too dear to you for that.

The price of drugs is already too low; the average fee paid for professional services is too low. The tendency of this is to cheapen and degrade both.

The cause of this is competition, so we say: The cause is because the medical profession does not as a great whole stand with a square front for what is right. We do not organize, except in name. We do not stick together. We allow our work and our tools to be cheapened. We allow others to place a value on our services and pay us at their convenience.

It's time to be up and doing! If personal protection is not a big, broad, double-thick plank in your platform, put it in and keep it there. Don't quarrel with conditions, if they don't suit, if they are not what they should be, take hold with a strong firm hand and, so far as you are concerned, wheel them into line. You can do it. It's up to you.

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Art thou in misery, brother? This I say:  
Be comforted! Thy grief shall pass away.

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### YELLOW FEVER AND THE MOSQUITO.

In a paper read before the American Public Health Association at New Orleans last December (*Med. Record*), Surgeon Ross of the Navy gives the reasons for believing that the only way in

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Catalepsy: Break up the paroxysm by injecting hypodermically apomorphine gr. 1-10, repeated if necessary.

Catalepsy: Give strychnine and iron arsenates in full doses in the intervals to break up the neurosis.

nature for yellow fever to be contracted by man is from the mosquito. The work that has freed Havana from this malady for the first time in 140 years, was based entirely upon the mosquito theory.

This theory was promulgated by Dr. Finlay in 1881, and he detected the guilty species, the *Stegomyia fasciata*. Surgeon Carter, U. S. M. H. S., showed that the two weeks' interval occurring in houses between the first and subsequent cases of yellow fever, corresponds with the period required for the elaboration of the poison in the body of the mosquito. This phenomenon is not explicable by the fomites theory.

The commission presided over by Reed took up the question, because it was clear that Sanarelli's bacillus did not cause yellow fever; the propagation by fomites was unsatisfactory; because of the perfect demonstration by Ross that the anopheles mosquito is the intermediate host and conveyor to man of the malaria parasite; and finally because of Carter's observation above mentioned.

This commission produced 13 cases of yellow fever in non-immunes by stings by the infected *Stegomyia*, under conditions making it impossible for the infection to have been otherwise contracted. Each case was diagnosed positively by experts. Reed's procedures left no possible doubt that the mosquito carries yellow fever to man; but many still refused to believe that there was no other means of infection.

In all 21 cases of unquestionable yellow fever were produced in this manner, of which three died and the necropsy revealed the characteristic lesions. These cases occurred within the established in-

cubation period of six days. The demonstration was accepted as complete by the Havana physicians.

A small house was erected, tightly ceiled and battened to prevent circulation of air, and the sunlight shut out by shutters. The windows were screened permanently. The vestibule was protected by a solid door and wire screen door. Thus the passage of mosquitos was effectually prevented. Heat and humidity were maintained. In this house were placed quantities of bedding contaminated with discharges from yellow fever patients; many purposely soiled with their excretions. In beds furnished with these articles the hospital corps slept, seven non-immune persons, during sixty-three days. Other clothing was added, purposely soiled with bloody stools from a fatal case of yellow fever. The attempt to infect the building was a failure, and not one of the seven persons contracted the fever. Later, some of these persons were bitten by infected mosquitos and promptly came down with the fever.

But these experiments were deemed inconclusive, because they were carried on in winter, and outside the city. They were therefore repeated in rooms prepared in the city, in the precincts of the hospital. Eight men, newly arrived in the city, Spanish, Italian and English, by no possibility immune, were procured from the immigration station. They used night-clothing soiled with yellow fever dejecta, black vomit and blood. Careful clinical records were kept. The temperature, pulse, respiration, appetite, etc., remained normal throughout.

This series of experiments was conducted in Havana, where yellow fever had run riot for 130 years; in buildings



Cachexias: For scorbutic and scrofulous cases give citric acid; and the fruit juices containing it in unlimited doses.

Cachexias: In all forms the value of fresh fruit juices is quickly manifest; give in unlimited doses as the stomach bears them.

similar to those inhabited by the poor; during the sickly season, the height of the yellow fever season. For 140 years Havana had never been free from this fever, the annual deaths ranging from 500 to 1,600, largely among the Spanish soldiers. During the first two years of American occupation, the sanitary authorities devoted themselves energetically to putting the city in good hygienic condition, and especially to measures considered effective against yellow fever, such as the destruction and disinfection of fomites, and of localities supposedly infected. The result was a rapid decrease of all infectious diseases except yellow fever, and an enormous diminution of the general mortality. Smallpox disappeared in July, 1900, and has not returned. But yellow fever held its own, showing that the sanitation had no effect upon it.

In February, 1901, Major Gorgas began the protection of yellow fever patients from mosquitos; the prevention of infection of mosquitos by yellow fever patients; the destruction by fumigation of all possibly infected mosquitos; and the abolition of all water barrels, pools and other breeding places of mosquitos in Havana. No attention was paid to fomites, of which there must have been a large supply in Havana. No attention was paid to fleas and bedbugs, then as always plentiful there. But by concentrating care on the mosquito, neglecting all other possible sources of infection, the disease was completely exterminated from the city. Not a case has occurred since September, 1901, though patients with this disease were carried through the streets from vessels from infected

ports. These were protected from mosquitos while passing through the streets, and placed in wards carefully screened. In the same wards were treated non-immune patients with other diseases, attended by non-immune nurses, and no one contracted the disease.

This result is particularly noticeable at Havana, where the supply of non-immune material from immigrants is always very large.

An established law as to the transmission of disease to man by insects, is that each disease is communicated by but one insect. One variety of tapeworm goes from man to the pig and back again; another from man to the ox and back; malaria from man to the anopheles mosquito and back; and very many other instances might be cited. No instance has as yet been advanced where it seems even possible that yellow fever has been transmitted by fleas, flies or bedbugs.

This theory explains many of the peculiarities noted in yellow fever studies, such as its singularly restricted area, its dislike for altitude, upper stories, plateaux, mountains, etc.; its partiality for the seacoast and low-lying districts; its incommunicability from man to man; the meaning of place-infection; the interval, two to three weeks, between first (infecting) cases and subsequent ones; its frequent appearance at sea weeks after vessels left port; its arrest by frost and cold weather; its survival through winters; its absence from Asia and India.

Adult mosquitos hibernate, and possibly their eggs do so also.

To the above we add simply this ques-



Cachexias: Corydalin is claimed to be a useful tonic eliminant, especially in weak, anemic syphilitics. Gr. v—x daily.

Cachexias: When the liver is congested, as it often is, give chionanthin gr. j before meals and at bedtime.



tion: If the proof adduced does not satisfy, what proof would satisfy?

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Art thou elated? Ah! Be not too gay, temper thy joy. This, too, shall pass away.

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### MALARIA.

It is remarkable how often great advances in medicine are foreseen by those who study deeply into the nature and phenomena of disease. Take Niemeyer's chapter on phthisis and see how the coming discovery of the tubercle bacillus is predicted.

We have before us a paper by Dr. J. W. McCall, of Tennessee, published in the *Nashville Journal of Medicine and Surgery*, September, 1878, one year before Laveran announced his discovery of the plasmodia causing malaria. Dr. McCall does everything but make the discovery; he predicts it, shows by a study of the malady that the cause must be a living one, and in fact lays down the truths *a priori* that the great Italian subsequently proves by experiment.

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Art thou in danger? Still let reason sway, and cling to hope. This, too, shall pass away.

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### GNATS AND CAMELS.

Dr. Taylor of the *Medical World*, is making a strong fight in favor of the new spelling. He is one of those good souls who are not afraid to be among the first to take up a new thing if it seems good, even if some loss results therefrom.

More power to him. We agree with him as to the desirability of the simplification of our spelling, and hope it will become universally established. But we do not adopt it.

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Cachexias: Menispermis is an effective stimulant to the absorbent system, which always needs stimulating.

Why?

Well principally because we have not had such a call for it from our readers as would signify their earnest desire for it. And we know that many of our older friends, who have been accustomed to see "through," would feel uncomfortable to see it spelt "thru"—and we are very thoughtful as to the needs, wishes, prejudices, of the fathers. Young folks don't care. "Call me anything so you call me to meals," say they.

And here is just where the reformers should start—with the young. The primary school is the place. Start the boy with "thru" and he will not have the period of confusion to pass through which we all dislike. There is where the reform is most needed, because it will there save the child a very large part of the effort now uselessly spent in acquiring the eccentricities of the language, which do no one good. And there is such an awful lot the child ought to learn but cannot, because the time is taken up in this useless orthography. Just think of the time saved, were our spelling so reformed that each letter would represent exactly one sound and no more.

We grant that our spelling is dreadful, archaic, barbaric, disgraceful, ridiculous, a crying shame—but it doesn't kill.

We have a therapeutics to which all the above adjectives apply—and it is deadly. The use of the uncertain, ineffective, antiquated preparations of the materia medica, is wasting human lives every day; and we are trying our little best to reform this dangerous evil; and frankly, till this is done we do not feel like wasting time over the little worries of life. Men may spell as they like—we want them to prescribe certainties in their practice. And we wish our dear

Cachexias: When we have secured full action of all the eliminants, and regulated digestion, is there any more to do?

Philadelphia colleague would let this little abuse go till the big ones are righted.

We have scant sympathy with folk who want to put pants on dicky birds, while men are killing their wives while drunk. We are not trying to keep folks from kissing, while boodle rules the State. We don't ask legislation compelling the doctor to wear a plug hat, when he cannot pay his rent.

Take the big nuisances first, and let the little ones wait.

We sympathize with every reformer, and are willing to help along anyone who tries to make this bad old world any better; but we don't believe it is worth while to polish over the cracks in the machinery.

We have far more sympathy with Dr. Taylor's socialism, though we are not convinced that this is the true remedy for the ills of the body politic. Yet we see in his efforts the impulse of a brave man who sees the evils existing and earnestly tries to do what he can to right them. But when one has a great object in view why waste time over comparatively paltry ones? It does positive harm, since it wins one the repute of being faddish, or even crankish, and that weakens the force of one's example in dealing with the greater evil. And as everyone who reads the *World* does not know Dr. Taylor as we do, such impressions may interfere with his good work in many ways he never hears of or suspects.

If you feel the impulse to reform, take the biggest evil you can find, and assault it with every force that is in you, ignoring all others, until it is no longer the

most important; then turn to the next biggest. You will be exceptionally successful if you ever get to the second.

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Tempted art thou? In all thine anguish lay one truth to heart. This, too, shall pass away.

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#### MISTAKES.

"*The Gleaner*" says the greatest mistake of the day is the idea that one preparation of a drug is its sole representative. That it is a mistake we heartily agree; also that it was an error to desert the hot bulky infusion for the fluid extract. Many times the hot water opened up the way for the remedy, as nowadays glonoin does. We haven't much respect for the fluid extract, you see we've tested them, and know what they are. Finding that the maker failed to exhaust his drug because he was a skinflint as to his alcohol; that he uses cheap spring-gathered hydrastis that has hardly any activity, but is good enough because he uses pound for pint, and a few more such little trifling objections, lessens our faith in these preparations and when faith is gone they are useless. But, dear *Gleaner*, since you know that water extracts one virtue and alcohol another and glycerin a third and so on, why do you stop there? Go on another step and use the digitoxin when you need heart toning, and digitonin when you need relaxant diuresis and digitalin for both, and drop out the nausea and uncertainty and dirt from your infusions.

If it really makes any difference to you whether your patient gets drugs he needs, and you are not depending solely on mental impressions—his belief in you—and want to be really what he thinks

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Cachexias: The lymphatic channels are generally if not always silted up with debris that must be cleared out.

Cachexias: Clear the absorbents, keep the bowel clean, then incite the vitality by Nuclein and the arsenates.

you are, don't take the chance of your foxglove being prepared from inert cultivated plants, but give the real thing while you are at it.

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Whate'er thou art, where'er thy footsteps stay, heed wisdom's voice. All things must pass away.

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### MODERN MEDICINE.

We recently received a letter from a physician, presenting the following problem: He resides in a Kentucky village, with a practice of 225 families, all but 12 well-to-do farmers, the rest country merchants, blacksmiths, etc. He has practised six years and has done very well. He is anxious to keep up with the profession, and asks whether we would advise him to put in an electric outfit, at a cost of at least \$500, and whether such an expense would be warranted by the field of practice he controls.

To this we replied cautiously. We do not like to advise on financial matters, as so much depends on the man; and while one would make a success, another would fail under the same circumstances. Besides, we would not like to have a man make an investment on which he would lose, and then blame us for it. So we advised further consideration.

Nevertheless, this is a question that means success or failure to many a man, and the same rules that govern business matters rule here.

Many years ago a young printer asked us for advice. He had a small Gordon press, and was asked to do some work that required investment in a much larger press, and the hiring of a high-priced man to run it. An old adviser told

him to decline the job; that there were times when he had not enough work for the press he had, and this one job would not be enough to pay for the new press, which might leave him stranded. But we argued that unless he was prepared to do all the work that came his way, he could never expect to get it; that people once turned away because he was not prepared to do their work, would send to larger shops for the next they wanted; that this was the way a business must grow, and an unwise economy would stunt it in the beginning and he would simply vegetate.

This advice was taken, the big press purchased, and the boy is now very rich, with a big office and rows of cylinders; and that was the turning point in his career.

So we went out for information, to one of the great establishments that supply these outfits. We told them exactly our dilemma, and asked for proof as to the actual results of such investments by physicians in small towns. It was simply amazing. Here is one specimen, which we copied from a physician's letter: "How will you trade your 1903 model, 16 or 24-plate, for the 16-plate I bought of you last June? From the 9th day of July to the 9th day of January, six months, we have made \$4,127.25. Then I did not believe what you said. Now, I do."

The writer was a physician in an Indiana town, whose total population by the last census was 633!

The times have changed. Never was there a time when people were as willing and anxious to pay well for the very best medical treatment as now; but they want the very best or none. We stand for the

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Cachexias: You never know what poison there is to get rid of; the iodides nearly always come in to fill a need.

Cachexias: Many times the iodines will clear out a poison whose existence may not have been more than suspected.

country doctor, as no one else does: we honor his talents, respect his heroism; but we must say that he lets his bread and butter be taken out of his hands with a meekness that we cannot approve. Last year sixty-five million dollars were paid by the American people for patent medicines. Many thousands of intelligent people flock to the cities, the specialists, the advertisers, the hospitals, for treatment they would far rather pay the home doctor for, if he would give it to them. We have gone into the doctor's office, and noted the bare floor, the shabby furniture, the plain shelves with a lot of aged roots and herbs, some of which came down from his preceptor, and most of whose virtues had long since departed; and his library of text-books of a quarter century ago—and we wondered not to see the solitude. People say: "It is no use going to Dr. B. for a cold—he never gives anything but syrup of squills and paregoric." Or: "He never does anything but dose you."

The crowd is around on the main street, or at the hotel, where the electric experts from the city are taking in the dollars.

A doctor nowadays must be up-to-date or go out of business. He must be equipped with modern material to carry on his work. The pencil-and-tablet outfit is obsolete—see that you are not obsolete with it. People are willing to pay for the best and most modern methods. The only trouble is with you—you are not willing to supply them and qualify yourself to apply them properly. If only we could think of a good way to get a little business capacity into the heads of these good men! If we could only get you to comprehend that the very best in-

vestment you can make, is in the tools of your trade, even if you have to borrow the money!

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The joy that is not increased by sharing it with another is not yet the purest.

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### THE NEW THOUGHT

claims to include in its midst the entire healing art. Furthermore, it is comprised under the title of "Mental Healing." But what is there new about it? The beginning of medicine took form amidst the clouds of superstition, and it has never succeeded in freeing itself from them. The uncertainty of the art today depends largely upon this suggestive element, this clinging creeper that always threatens and sometimes succeeds in choking out the life of the supporting tree. New! It's as old as the hills! as eternal as error! as unkillable as sin!

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The sorrow that is diminished by recounting it to another is not yet the purest.

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### THE DOCTOR; BORN NOT MADE.

There is an old saying anent poets which applies with equal force if changed and quoted: "Doctors are born, not made." The best equipped college and the longest course cannot make a doctor, but it may spoil a fine farmer or deprive the world of a tolerably tidy tailor. The doctor is not machine made: he is not the product of educational industry. He is, as he was when he arrived, a doctor *per se*. This man has eyes before, behind and in his extrem-

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Cachexias: These are chronic maladies and require corresponding treatment. Distrust remedies that give quick results.

Cachexias: So much depends on the skill with which the digestion, kidneys and skin are kept in perfect action.

ities. What he cannot see he feels, and what he cannot see, feel or smell, he knows by intuition. He goes to college and takes his course because, for him, there is no other thing possible. Books to him are not burdens but beauties to be revelled in; dissections and clinical expositions are delights, fancies materialized, problems demonstrated.

The mechanism of the human frame is a toy to him, an always new and ever-interesting toy, which throbs or halts at his touch; but, behind and beyond all that, the doctor recognizes (and is recognized by) the inner force which animates the machine; the sentinel entity which makes a body man. It is the possession of this peculiar innate force which enables one man to enter a sick room and in a single moment gain forever the confidence and affection of the patient when others have come and gone uselessly. It is this innate "something," and we have all recognized it, which enables the doctor to take a patient's hand, look in his eyes and tell him "all will be well," and be believed absolutely.

It is just this God-given "something," too, which will do more than a dozen skilled diagnosticians can do; it will unerringly tell the doctor where the weak spot is and suggest the method of repair. No, it is not skill; skill can be acquired by practice and study, but skill cannot cause a suffering child to cease moaning and smile; skill cannot cause a travailing woman to cease her fears; and, lastly, skill cannot, when all is done, smooth the forehead of the dying and blunt the force of sorrow for those who are left to mourn the dead.

There are many, many things the skilled doctor can do, but the things

enumerated above and many more can be accomplished only by the doctor who is born and not made.

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Sorrows humanize our race, and tears are the showers that fertilize the world.

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# **SOMETHING FOR NOTHING, NO THANKS.**

A writer in one of the current monthlies interestingly calls attention to the tendency of thinking people to look to their medical attendants for protection from sickness, not for a cure after contracting some malady. This is the Chinese method. But (and it is well for the laity and the profession to linger long on that "but") the Chinese pay their medical attendant a round sum regularly while well, indeed, the remittances only stop when health ceases. Naturally the sick man speedily recovers. In our enlightened country and era we are quite ready, undoubtedly, to look to the doctor to prevent disease, but what about preventing the doctors from being hungry? Before the medical profession can be expected to take a vital interest in preventive medicine, the great possible patient public must show a willingness to provide for the temporal wants of the physicians who embrace the principle.

It's too much to expect that the doctor shall devote his time and energy to keeping folks healthy, when he knows that only when they're sick will he get the wherewithal to pay his rent, buy his clothes, or fill his provision chest.

It is a notorious fact that money paid the doctor is usually looked upon as money lost, and most often the man who pays his doctor's bill after recovery feels

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Cachexias: If the lymph spaces are full of mud the phagocytes cannot get at the microbes, and infective foci form.

Cachexias: A powerful cleanser is the union of mercury and arsenic iodides and iodoform with phytolaccin.



distinctly defrauded. It's when pain is insistent or death knocks hard at the door that the doctor's fee is paid readily, even cheerfully; so, one needs no vivid imagination to foresee how difficult a task the doctor who calls when you're well will have, to persuade people they owe him something and should hand it over. Some-day things may adjust themselves and the physician will be paid by the state, or by a *per capita* tax; then and not till then will it be wise for us to encourage this idea from the Orient. As a matter of fact the profession as a whole does about as much for humanity for nothing as humanity has a right to expect. The balance of its efforts should be on a strict C. O. D. basis.

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Memory of things precious keepeth warm  
the heart that once did hold them.

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#### TACT IN PRACTICE.

There are few combinations of four letters that mean more than those which go to make up the two words "love" and "tact;" with love in the heart and tact in action success is assured.

A physician of long standing in this city, who has a practice that many of his colleagues might envy—and many in all probability do—recently gave this advice to a young doctor who was just starting out in his profession.

"I have always made it a rule," said this experienced man of medicine, "to close every visit to a patient with a question or a comment on his or her physical condition. It is all very well to discuss various questions with one's patients, talk about all kinds of subjects and interest them in any way possible. But the final remark must be connected

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Cachexias: Give all the proper remedies, like iodines, up to the full limit of effect, avoiding destructive action.

with the patient's critical condition. Tell him not to forget to take a certain medicine regularly, or tell her that you have never had a case that was just like hers—but in all cases talk last about the illness of the person you have come to see. I learned that when I was a young man from the most popular physician of his time. I always felt indebted to him, for it was not long before I realized the truth of the theory that nothing leaves such a favorable impression on a patient as to emphasize the importance of his malady."

This is a very important point and one which should be carefully heeded. No doubt others present themselves to your mind as you read this. Jot them down and let us have them in notes to "the editor" and we will give space to them, with comments, in this department.

Our mission is to help the doctor. As you are helped, be glad and willing to reciprocate. Let us have your pointers.

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Let it be our happiness this day to add to the happiness of those about us, to comfort some sorrow, to relieve some want, to add some strength to our neighbors' virtue.

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#### SALTLESS DIET FOR EPILEPTICS.

It has been found that epileptics eat largely of salt; that the salt can be withdrawn from the diet and bromides substituted, and that by this means much smaller doses of bromides suffice to keep off the paroxysms. The method is applicable especially in idiopathic forms that require large doses of bromides; in chronic cases requiring long-continued treatment; in those intractable to bromides ordinarily. Dr. Clark, of the

Cachexias: The power of berberine to contract relaxed connective tissue may be invoked in other than malarial cases.

Craig colony, regards this as the greatest advance in the treatment of epilepsy since the discovery of the bromides.

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**WANTED—A NURSE.**

Emerson dwelt on the generality of the law of compensation. But there is sometimes such a thing as over compensation, and the trained nurse seems possibly an instance. Not that she is comparable to a hypertrophied heart, but rather that she sometimes rather overfills her place and slops over.

In ancient days, in the placid Quaker City, the woman of the poorer class was attended in confinement by a midwife. This professional pariah saw her patient—or victim—through the perils of parturition, washed and dressed the baby, and returned for several days to attend the needs of mother and child, thus doing away with the expense of doctor, nurse and hired girl. Her fee for these services was from \$3.00 to \$5.00.

There were monthly nurses likewise, who attended midwifery nursing for a stipend varying with their clientele from \$5.00 to \$15.00 a week. For this they heard and presumably obeyed the doctor's directions, douched the mother, washed the baby, poisoned it duly with paregoric, cooked the food for both, kept the sickroom in order, and in a word took all care of mother and child off the hands of the family. In the poorer families they did the housework also, as far as getting the meals was concerned, and sometimes did the washing; but then they got about three dollars a week.

Nowadays the trained nurse seems to have run the old ones out of existence.

And what does the modern representative give us?

She gets \$25.00 to \$30.00 a week; she supervises the sickroom but she does no manual work; gives the medicine, douches, possibly washes the baby, but there seems a tendency to require a separate nurse for the baby. She does not keep the room clean, but throws soiled dressings and clothes on the floor where they lie till someone gathers them up. She does not set foot in the kitchen, much less cook for the mother; nor empty vessels. In fact, the modern nurse is a director, and really should have a corps of satellites under her to do what she directs. She is great on dignity and is deeply affronted if the physician fails to give his views—we dare not call them orders—to any but her. She presumes to dry up the mother's milk, for some reason known only to herself, without the knowledge of the physician. And the singular thing about her evolution is that the less she does the larger are her fees.

The graduate \$25.00-a-week nurse has her sphere, where she is indispensable; but as the number of people who can afford to pay this price is limited, and the output of the training schools the reverse, it is obvious that there is a demand for a cheaper grade of nurse who will be willing to do more work. Why talk of difficulty in getting work for women? Especially for women of education and refinement? Why should they make shirts for ten cents a day when there are many thousands of families who would gladly pay five to ten dollars a week for a nurse? And for such nursing the accomplishments may often be dispensed with. A fairly intelligent woman, who

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Bronchorrhea: To check secretion and stimulate expectoration, benzoic acid, cubebin, copaiba, myrtol, menthol, thymol, myrrh.

Bronchorrhea: To check secretion and stimulate expectoration: Zinc oxide gr. j every hour or two, is one of the most useful of remedies.

knows enough to do as the doctor tells her, or to ask if she fails to comprehend, who has a kindly, merciful heart, and is able to forget her own suffering dignity and see to her patient's wants, can get all the nursing she wants at prices far better than the sewing drudge gets.

Now, let us disarm resentment by acknowledging that all trained nurses are not liable to the objections herein alluded to; that probably very few come under the description; and that they are well worth their fees, and are not servants nor should they be expected to do servant's work. But the things we herein object to have just been done by one of them, and she is one of the class, all of whom suffer from the discredit she has brought on her vocation.

Why doesn't the graduate nurse take on a few apprentices, whom she can supply for cheaper work under her direction?

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Many a doctor is employed because of his kindly heart and his honesty, when his medical skill is but mediocre.

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### DO QUACKS MAKE HARD TIMES?

The other day we saw a statement in a paper to the effect that a patent medicine man said he would rather have a single southern county than a whole northern state for the sale of his goods.

We note that we rarely get a letter from a southern physician who does not complain of the scarcity of money, impossibility of collecting, etc. Nowhere in our country do the doctors consider so long over the purchase of supplies, and weigh prices so closely, as in the Gulf States.

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Bronchorrhea: Ampelopsin has been urged as a valuable remedy; gr. 1-2 every hour till the effect is evident.

Should these two facts be correlated? Do they stand in the relation of cause and effect?

In our brief visits to the south we have been struck with the wonderful natural riches of that fair land. How anyone can remain poor with such a soil is difficult to comprehend. Can the Nile valley possibly be more fertile than the rich bottoms of Louisiana? Before the war this was the ideal section for the establishment of a physician. How beautifully did Professor S. H. Dickson depict the life of the doctor in South Carolina. And whatever were the wounds made by the civil war, the lapse of a third of a century cannot have left much trace in so rich a land.

We ask, then, why is the southern doctor cramped for means? Is it not that of the sixty-five millions spent yearly by the people of the United States for nostrums, the largest part comes from the south, and would not this sum restored to the pockets of the southern doctor make him easy?

If we are right, cannot our brethren devise a remedy? Legislators in the south cannot feel specially interested in protecting a trade whose profits go outside of their states.

In this age of the world there is just one person to stand up for each of us—and we each know who that is. We do not have to sit down and let some greedy fellow eat up our dinner, without making an effort to save it for our family, and we shouldn't do it. If we are right, if the profits of the patent-medicine man are taken from the pockets of the doctor, and are keeping him poor, let him try and find a means of defense. We'll gladly help him all we can.

Bronchorrhea: For fetid sputa, choose between carbolic acid, creosote, eucalyptol and helenine. Try the latter.

# LEADING ARTICLES

## BURGGRAEVE ON DYSPEPSIA.

By William F. Waugh, M. D.



William F. Waugh, M. D.

**I**N 1888 Burggraeve's monograph on dyspepsia was published in America. Like all the writings of the venerable Belgian, this preaches a doctrine diametrically opposed to the prevailing tendencies of medical thought. Instead of contenting himself with a study of the pathologic processes, from the standpoint of the not too interested spectator, he preaches the duty of intervention, intelligent, early, powerful; with weapons whose capabilities are perfectly comprehended by him who wields them. Viewed in this light, this old and familiar affection takes on a new aspect. There may be something wanting to him who looks for the more recent pathologic researches, and the mechanical therapy of Turck; but there is an intelligible view of the conditions underlying these very common maladies, and a therapeutics based on sure and effective remedies. The great work done by the American Alkalometrists since Burg-

graeve wrote will be added in the proper place.

Dyspepsia underlies affections of other functions: The nervous system, as shown by headache, vertigo, disordered sight and hearing, mentality, sensation, motion and sleep; the respiration, oppression, dyspnea, cough; the circulation, palpitation, irregular pulse, fever; the kidneys, genitals, skin, etc. Conversely, dyspepsia may depend on disease of any of the other organs. It may be functional or dependent on structural disease of the digestive or other organs.

Essential Dyspepsia.—Here the alterations of structure are transitory, neurotic or humoral.

Symptoms:—Pain varying from a sense of tightness to cramps, radiating to back, or burning; coming suddenly, in epigastrium, increased by food, digestion irregular. Epigastric palpitation simulating aortic aneurism.

Sensations of heat and cold.

Constriction in œsophagus or pharynx, with acrid, hot or burning feeling.

Flatulence and eructations.

Acidity.

And the following general symptoms, that demand separate study:

**Cerebral Headache:** This is the most frequent of all symptoms. It is variable in character, intensity, seat, access and course. There may be a sense of weight, cerebral oppression, or tightness, the vice or bonnet compression. Generally there is really pain, dull, acute, or intolerable. It is often frontal or supra-orbital, on one or both sides. It may settle in an eye, when the use of it increases the suffering. A sense of heat may accompany the pain. Or, the pain may be occipital, extending from the neck forward, or to the entire head. Child said all frontal, orbital, occipital and cervical headaches, were of bilious origin. Coming after meals, it denotes gastric hyperesthesia, though the brain is also hyperesthetic. These data point to the treatment: Saline laxatives, followed by caffeine, three or four granules every half hour till relief.

**Gastric Vertigo:** This may be present in a variety of forms; a sense of cerebral vacuum, worse on walking, as if stunned; confusion in motions of objects seen, patient grasps something to prevent fall; if lying down objects seem rotating—varied visual hallucinations. It resembles sea sickness. The stomach contains muco-bilious matter before breakfast, when this vertigo is worst. It calls for a matutinal saline laxative three granules of quassin at meals, and at bedtime three of aconitine and two of strychnine sulphate, to reduce the hyperesthesia of the nerve centers.

**Disorders of sight and hearing:** The sight may be weak or cloudy; *muscae volitantes* annoy; the retina becomes hypersensitive, bright light causing headache and vertigo, especially in per-

sons rendered irritable by the disease. Buzzing, whistling, deafness and tingling noises affect the ears. This is relieved by a few granules of phosphoric acid and strychnine sulphate in the evening, with saline laxative in the morning.

**Mental disorders:** Mental alienation may ensue. The stomach reacts on the brain most when empty. Lunatics often refuse food. Long fasts induce ecstasy. The bowel contracts strongly, there is obstinate constipation, perhaps paralysis, or contraction of the circular and paralysis of the longitudinal fibers. Hence we give hyoscyamine and strychnine, and aid peristalsis by adding castor oil to the soup.

Mental troubles are especially increased by dyspepsia. The abnormal brain resists with difficulty the visual hallucinations. For the hereditary predisposition we give early in life phosphoric acid, strychnine arsenate, and iron arsenate. It is a sort of rickets extending the length of the cerebro-spinal axis. But it is first in importance to regulate the bowels. Hypochondria comes from the *vena porta*. The blood is thin, hence the addition of the iron; a granule of the three named before meals.

**Sensory and Motor Disorders:** Dyspeptics have lassitude, worse during digestion. Use moral suasion, with phosphoric acid and strychnine sulphate, adding iron arsenate for the anemia, for if the physical forces are allowed to sink it may end in paralysis. The same may be said of clonic convulsions, chorea and epilepsy. Some are sensitive to cold. Others have fixed or wandering pains in various locations, the most common being intercostal neuralgia most often affecting the left side, 6th and 7th inter-

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**Cachexias:** The salt bath, rubbing the skin with salt towels, if done daily, has a far-reaching influence for good.

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**Cachexias:** An unskilful physician will let the patient spoil his work by eating too much and wrong foods.



costals. Johnson attributed 90 per cent of facial neuralgias to the gastro-intestinal nerves; and often relief fails from morphine till strychnine arsenate is added. Rheumatoid pains in the limbs, if due to the digestive ailment, are worse during digestion, and relieved by antimony arsenate and codeine, three granules each at meals, the bowels regulated by saline laxative and if needed a few granules of podophyllin.

Sleep is disturbed by dreams and nightmare, worse near morning. On waking the mouth is dry and bitter, the sense of fatigue greater than on retiring. During the day they are drowsy, especially after meals. The entire intestinal tract is atonic, and requires strychnine arsenate three granules at bedtime, and a very early dose of saline laxative.

Dyspnea occurs during bad digestion, and subsides when this is remedied by quassin and strychnine. So as to gastric cough and hoarseness; if the attacks are quite periodic, give quinine hydroferrocyanate; if anginous, hyoscyamine; if febrile, aconitine. These may be combined as indicated.

Palpitations of the heart vary in every way. The action is normal in the intervals; the attacks coincide with digestive troubles and are relieved by the treatment of the latter; attacks are apt to occur after meals; they are worse on exercise; they are not increased by movements calculated to render heart-diseases worse, but are accompanied by flatulence, lipothymia or faintness. If digitalin be given it must be with iron arsenate. Epigastric pulsation is controlled by hyoscyamine and strychnine, a granule each every half hour. True gastric fever demands aconitine.

The urine is sometimes cloudy and

acid. Rheumatism and gout are due to indulgence at table. With quassin or strychnine we must give digitalin and colchicine, four granules each during the day. Most non-specific diatheses arise from the stomach. We cannot too strongly urge the daily use of the saline laxative.

The functions of the skin are profoundly disordered by dyspepsia. Chronic cases have a rough dry skin, like parchment. The saline laxative refreshes the blood, removes acid and acrid matters, and powerfully assists globulization.

Dyspepsia depresses the genital functions, for which we give saline, phosphoric acid and strychnine. It causes torpidity and debility of the uterus, congestion and sterility, with leucorrhea. We give quassin, or even strychnine, with morphine and hyoscyamine for the painful spasms (dysmenorrhea).

Dyspeptic Neuroses: Morbid influences may proceed from the nerve centers to the intestinal nerve ends, or *vice versa*, by a simple molecular movement; hence such affections as hysteria, hypochondria and convulsions. The symptoms of anemia are present, fatigue in the whole system, pallor, no fever, no temporal throbbing, headache neither general nor severe, no aggravation on lowering the head but rather relief, as the blood flows to the head. The remedies are strychnine and iron arsenates, with sedatives such as morphine, cicutine, hyoscyamine, zinc cyanide or phosphide; and the stomach never debilitated but sustained by tonics that do not irritate.

Dyspepsia is frequent in pulmonary phthisis, the latter preceding. Later, the dyspepsia reacts on the phthisis, causing poverty of blood and leucocytosis.



Aspirin (acetyl-salicylic ether) is incompatible with sodium bicarbonate, the acetyl group being liberated.

For chronic pain in the kidneys give five drops of oil of erigeron on sugar after meals. It will not disappoint you.—A. J. L., Cal.

Strychnine arsenate gives tone to all the tissues, soda and antimony arsenates stimulate the absorption of fat from the granulations, quinine arsenate moderates the rigors of resolution, iron arsenate combats the anemia and improves the lymphatic state of the blood; but in all cases the digestive energy must be restored by quassin. As to food, the patient's desires must be followed. Caffeine arsenate is useful in hectic, lessens fever and colliquative discharges. Behind all these manifestations is a diminished activity of the nervous system, and the source must be sought in the great sympathetic. But behind this is life, considered as a force.

**Genito-Urinary Diseases:** The influence of the renal system over the digestion is great. Nephritis acute and chronic, renal colic, etc., cause nausea, vomiting, weight in the epigastrium, flatulency, acidity and diarrhea. Diseases of the uterus and adnexa also influence the digestion, and must be cured to benefit the latter. Dysmenorrhea and pregnancy frequently cause dyspepsia, as does spermatorrhea, which thus aggravated may degenerate into phthisis. Sustain the vitality with strychnine or brucine; and give special modifiers, iron arsenate in anemia, soda arsenate in granular nephritis, camphor and potassium bromides in surexcitation or genitospinal hyperesthesia.

**Blood Diatheses in Dyspepsia:** Diabetes shows its presence by gastric disorders, uneasiness, eructations, acidity, weight or pain in the epigastrium, dry mouth and throat, white, frothy saliva; resisting treatment till the attention is attracted by their obstinacy. Sugar is found in the urine. The remedies are quassin and strychnine, with salt food.

If there is spinal hyperesthesia use re-  
vulsives, cicutine, camphor monobromide, or strychnine, as the symptoms denote spasm or relaxation.

Oxaluria is due to incomplete saccharine combustion. Use the tonic and salt regime, quassin and brucine, three granules at meals, saline laxative in the morning, and varied diet. The exclusive diet increases the debility. Alkaline beverages impoverish the blood. Irritant foods and artificial gaseous waters are objectionable.

In oxaluric dyspepsia the stomach is distended two or three hours after meals, there may be gastralgia, sleep is disturbed, palpitations occur, the patient becomes irritable, morose or hypochondriacal. Give strychnine arsenate and hyoscyamine, three granules each, daily; with saline in the morning. If the skin is hot and dry, give veratrine six granules during the day; and if the urine is scanty and burning add digitalin and colchicine. For the palpitations give iron arsenate with the digitalin.

There is too much acid already for the use of mineral acids.

The effects of gout and rheumatism are far reaching. All the functions are hindered. Beyond the acidity we see an insufficient vitality. Health is perfect equilibrium, neither acidism nor alkalism. They are at once causes and effects of dyspepsia. There are two forms—that due to table excess and relaxed stomach, and that caused by accidental checking of the elimination by kidneys and skin. Treatment:—Saline laxative, arsenate of soda or of antimony, colchicine, benzoate of lithia or benzoic acid, as the dominant; as variants, strychnine to combat gastric pain and spasm; for cardiac symptoms digitalin



**Bronchorrhea:** Give strychnine arsenate up to full effect, to impart tone to the relaxed bronchial muscular fiber.

**Bronchorrhea:** For colliquative cases, phthisical, etc., give cotoin, up to gr. 1-2 in the day, divided doses.

and iron arsenate four to six each, daily, together; for fever aconitine or veratrine, or both, a granule every half hour till pulse and temperature are normal; for intermittency quinine arsenate or hydroferrocyanate.

Unless produced by local irritants, herpes is due to a diathesis. The sudden suppression is followed by internal affections, due to the checking of cutaneous elimination. Herpetic dyspepsia calls for saline, soda and antimony arsenates as dominant; strychnine, codeine and hyoscyamine as the variants.

Cases of gastric disorder occur that depend on syphilis and only recover when mercury is given. Wash out with saline, give strychnine, hyoscyamine and if required tannin, with the protoiodide.

In chlorosis, dyspepsia may rank as cause or effect, since indigestion denies the blood the elements necessary for renovation; and the blood furnished the stomach is not sufficiently vivifying. Convulsions occur from cerebral anemia, gastralgia from stomachal anemia, metralgia from uterine anemia. The blood must be improved materially and vitally, with strychnine and iron arsenates.

**Toxic Effects:** Lead poisoning may show its effects by abdominal cramps, joint pains, sensory and motor paralysis; headache with coma, delirium, convulsions or even dementia. Spasm and cramp are associated, so we give hyoscyamine and strychnine, with demulcents. We then eliminate by sulphide vapor baths. In mercurial poisoning we use iodine baths.

**Organic Dyspepsia:** In acute gastritis the vitality is concentrated on the stomach, and other organs show a deficient supply. We now see this only as

a result of traumatism or poisons. The pain is intense, causing nervous asphyxia, drawn features, small pulse, cold skin, cramps, burning and thirst. As the general symptoms become prominent the local are masked. Treatment: Leeches, emollients, no food, only after heat returns to the surface calm it by small doses of morphine hydrochlorate and hyoscyamine, a granule each every hour, with very small doses of emollients. Small pieces of ice or mouthfuls of water allay thirst, but may increase the pain by causing rheumatic effects.

In subacute and chronic gastritis, the symptoms are more localized. Pain, increased by pressure, is worse if the serous coat is affected. Its persistency distinguishes it from atonic forms. Symptoms of (catarrhal) gastritis: Tongue red and dry, or wide, moist and thickly coated white in epigastrium; nausea, vomiting of food or bile; better or worse as the malady is; epigastric pain not intense but continuous, worse on pressure and by swallowing, especially of solids; fever rising on slightest occasion, or continuous, time indeterminate; wasting may be rapid; face dull, shows suffering. Atonic dyspepsia: Tongue about natural; appetite good, or large, irregular or capricious; may be pleasant feeling after eating, no epigastric heat, rarely nausea; vomiting if present disconnected from other symptoms; epigastric pain during digestion, may be violent ache, relieved by pressure, none in intervals; little or no fever; weight preserved; face little changed, keeps fresh.

Gastric ulcer may go on to perforation without much disturbance of digestion. There may be simply symptoms of dyspepsia, eructations and pyrosis, but



**Bronchorrhea:** Much benefit results from the use of a spray with volatile stimulants and fluid petrolatum.

**Cachexias:** They all require lime as a tissue builder, to strengthen the weak cell-walls; lactophosphate gr. x daily for a year.

food causes uneasiness or pain till vomited. Or the pain may consist of weight or constriction in the stomach, passing into gnawing or burning, like a wound; at a limited spot in epigastrium, to the left, with dorsal stitch, fixed and similar, worse on eating or pressure, the exacerbation continuing and the tenderness excessive, in fact it is due to peritonitis, adhesions preventing death. A characteristic interval may exist between paroxysms.

This may last weeks. Great emaciation may occur, but with the special burning or gnawing pain there should be frequent vomiting, blood in vomit and stools. Treatment: Relieve paroxysms by codeine and iodoform, two to three granules each at meals; with good hygienic regimen.

Gastric cancer may start from an ulcer, hence the diagnosis is difficult at first. Diathetic symptoms come late. There are shooting pains, the hard tumor, vomit mixed with blood, great emaciation, tint like parchment. The pains when ulcerating are keen, constant, not the shooting pain of the scirrhus stage, which are due to pressure on nerves, the former to exposed nerves. If near the cardiac orifice before ulceration, there is great difficulty at the end of swallowing; the food may stop in the oesophagus, and vomiting is induced by regurgitation. In the pyloric form, before ulceration, the difficulty comes during digestion, and the food being retained distention ensues. Vomiting increases, and a tumor is seen. Treatment: Palliative only; daily cleansing with saline, and a few granules of cicutine, codeine and quassin, one each at meals.

Pancreatic affections are apt to be

confused with those of the stomach. If the acids are not neutralized by this secretion we have an acid intestinal indigestion, counteracted only by saline, and soda arsenate to supply the pancreatic deficiency.

This applies to the liver as well. The vomiting of gall-stones is relieved by hyoscyamine and strychnine. If followed by fever we give aconitine, alone or with the former. If remittent, give quinine hydroferrocyanate. Right-shoulder pain indicates the superior surface of the liver as affected, while pain towards the iliac fossa shows an affection of the inferior surface.

Splenic maladies have nausea or vomiting, pain towards the left shoulder, or left groin, as the upper or lower surface is affected. The earthy tint of the face is characteristic. Give saline, then strychnine and hyoscyamine.

Nervous peritonitis comes in paroxysms, relieved by quinine hydroferrocyanate, and hyoscyamine if there is hiccup or vomiting.

Chronic peritonitis is less readily distinguished from dyspepsia, since it causes gastrointestinal disorders. Here we have superficial pain, increased by pressure or movement, sitting up causes griping in abdomen, or groins, effused fluid in the peritoneum, and friction sounds there. Chronic peritonitis may be tuberculous, when applications of hot cod-liver oil should be made, with hyoscyamine a granule three times a day in a dram of the oil. The dose of oil must not be carried to the extent of indigestion.

Any affection of the intestine must react on the stomach, and there is no more common cause of dyspepsia.

Constipation may be habitual or ac-

Cachexias: Malarial or splenic forms require iron and quinine arsenates in full doses for the anemia; gr. j each, daily.

Cachexias: Cancerous, anemia requires quinine arsenate, and echinacea for the internal antiseptics; local as well.

cidental. The effects vary. Anemics have scanty stools from narrow intestines. Scybala form. Dryness and spasm are the main causes, for which we give castor oil and hyoscyamine, two to three granules a day, up to mydriasis. Podophyllin may be used for torpid bowels, with hyoscyamine, and saline in the morning. Intestinal apathy and overdistention cause accidental constipation, as in great eaters. We give strychnine two or three granules in the evening and saline on rising. This prevents apoplexy. Lead constipation requires strychnine and hyoscyamine. Mechanical cases demand similar treatment.

Obstruction, ileus, internal strangulation, tumor, cancer, require surgery.

Diarrhea from enteritis may be arrested by salines, followed by a granule or two of morphine hydrochlorate and hyoscyamine, to dissipate spasm. Colliquative diarrhea depends on tubercles. Morphine hydriodate checks it. Crapulous diarrhea demands salines followed by quassin. If due to atony, strychnine arsenate alone or with morphine. This is a chronic catarrh, like coryza. The mucosa becomes granulated, and an intestinal phthisis results with cachexia and flatulence. Follicular ulceration renders the ailment inveterate. Cleanse the bowel with saline, then give morphine hydriodate and hyoscyamine to regulate peristalsis. The diet must be regulated by the peculiarities.

In cholera, eliminate by saline, quiet peristalsis by hyoscyamine and morphine, sometimes strychnine; a granule each, every hour.

In ataxic adynamic fevers, the essential point is to keep up the vitality, but the specific poison must not be neglected. Aid elimination with the

saline laxative, likewise refreshing the blood. Cleanse the intestinal tract daily throughout the attack, keep up vitality with strychnine, aconitine, veratrine, quinine arsenate or hydroferrocyanate, and caffeine, as indicated. Strychnine arsenate is to be given throughout the whole period of nervous sideration, a granule every half or quarter hour; when fever rises over 102 adding aconitine and veratrine, a granule each every half hour until fever falls to normal. When the fever oscillates between 102 and 104, give quinine arsenate. This will check the fever and prevent it running its ordinary course.

Hygiene of the Digestive Organs:  
"To eat is nothing; to digest is everything."

In cities the children of the poor become rickety, scrofulous, anemic; from bad air, defective light, and insufficient food. If lime phosphate is withheld nutrition and assimilation suffer. If nutrition is suspended, as in fevers, the discharge of lime by the urine increases, but not if sufficient food is taken. Here the granules of calcium phosphate and strychnine hypophosphite are invaluable. Man requires some meat. The flow of saliva measures the digestibility of food. Don't waste it spitting. Never eat too much or too fast. Choose the food that best suits you. If digestion is difficult take three granules of quassin as you sit down to meals. Avoid pickles and acids; the gastric juice cannot be replaced. Pepsin cannot act independently of the vitality of the stomach, hence this must be incited by quassin or strychnine, sometimes by hyoscyamine.

Digestion is weak when the stomach is fatigued, so we must allow this organ



Cachexias: Manganese is useful in the anemias of all, but it tends strongly to induce hemorrhages, so be wary.

Cachexias: In the phthisical cases the anemia calls for iron and quinine arsenates, but with caution if hemorrhagic.



its needed repose, by giving easily digestible food.

In spite of science nature will always remain a mystery to us; we see the effects but we cannot rise to the causes:

*Felix qui rerum poterit cognoscere causas*; and art should only interfere when nature fails. But this intervention must be carried out with the greatest precaution and prudence, and therein lies the great superiority over all others of the dosimetric method. Organicians may say what they will, but all their theories are not worth a few granules of strychnine. It will be to the eternal honor of dosimetry to have followed nature step by step. If the function of digestion assimilates us to the brute creation, let us not sink below the latter, but remember the saying of Cicero: "We must eat to live, not live to eat."

Throughout the above exposition of the views of the great founder of Dosimetry, the cardinal principle of his belief runs—that disease is at all times and under all conditions an evidence of debility, of the inability of the body to resist the noxious influences that are brought to bear upon it. Hence, while insisting upon the use of eliminants, he constantly recurs to the vital incitants, strychnine, arsenic and quassin. To these he adds the great antispasmodic hyoscyamine, and these few remedies form the basis of his treatment, to which he adds in special cases, according to the indications. The first impression is apt to be, a poverty of therapeutic resources; but when we reflect how often the indications are presented, for remedies to relax spasmodic and tonify parietic tissues or nerves, it is seen that the recognition of these conditions necessitates the frequent use of such remedies. And it is

well for the beginner to thoroughly familiarize himself with these indications and the means of fulfilling them, before going on to a more extended and particularized therapy.

But this he must do; and we therefore present Burggraeve's work not as the finished structure but simply the foundation, on which there is yet very much to build.

The doctrine of intestinal sepsis and autotoxemia was unknown to the Belgian teacher, though his constant use of saline laxatives shows that he appreciated the need of keeping the bowel clean; but the effects of toxic absorption he attributed to reflex irritation. Not once in his writings on the alimentary canal does he mention fetidity of the stools or show that he recognizes in it an indication. That the importance of keeping the bowels clean as well as clear is beginning to be appreciated generally, is wholly due to the persistence with which it has been urged despite opposition by the physicians whom the CLINIC represents. The value of the sulphocarbolates has been demonstrated by them exclusively; and if such new remedies as Acetozone shall succeed, their success will be built on the work we have done.

The importance of elimination is well brought out by Burggraeve, although the study of the urine had not in his time been so thorough as it has since become. The necessity of ascertaining the total elimination of urinary solids per diem was not understood when he wrote. This may now be said to be radically essential to the proper understanding of any but the simplest case coming before the physician.

Many new methods have been introduced within the last twenty-five years,



Cachexias: For scrofulous and syphilitic cases give iodoform, calcium or iron iodide, alone or together as needed.

Cachexias: For mercurial, saturnine or arsenical cases give iodoform, iron or calcium iodide, as indicated.

since Burggraeve's monograph was prepared, but it is difficult to say that any of them has become permanent in our practice. There is a difference between the thing that is "the proper caper just now," and that which is to become a fixity in the future.

We will now review this paper and note the additions that may be suggested in the treatment of each malady mentioned.

In headaches due to indigestion, "bilious," the first effect of a laxative may be to liquefy the contents of the bowel, and increased absorption will cause an exacerbation of the suffering. This sometimes misleads the physician, who may conclude his estimate of the case was wrong. Sodium salicylate in doses of gr. j every half hour often gives relief, or flushing the stomach and the colon with a mild antiseptic such as a solution of zinc sulphocarbolate gr. j to the ounce, while a very effective gastric antiseptic is made by putting a dram of powdered potassium chlorate in a four-ounce vial, adding a dram of strong hydrochloric acid, and as the bottle fills with chlorine fumes filling up with water. Of this the dose is a dram as needed, every two to four hours, in water. Even in rheumatism this acid-chlorine mixture is effective. But in these bilious headaches it will be found that the skin is shrunk, the pupils contracted, the surface pale and cool—the evidences of vasomotor spasm are evident; and hyoscyamine enough to relax the tension and allow the blood to run to the surface and away from the congested cerebral centers will give prompt relief. Give this or atropine, gr. 1-500 every ten minutes till the mouth begins to dry, and the suffering

will be relieved. If the patient also complains of pounding at the occiput, add a granule of aconitine to each dose.

But the emptying and disinfecting of stomach and bowels must always follow, whenever a bad breath accompanies a headache.

Gastric vertigo so often means that the renal elimination is defective that this symptom should always call for an examination of the urine. For the same reason, veratrine will often act better than aconitine at bedtime, and three granules of the great excretor with three of strychnine arsenate at bedtime, will work well.

Disorders of sight or hearing always call for an expert examination of these organs, of the urine, and of the digestion. They may depend on toxemia or on local disorder. Ringing of the ears is sometimes relieved by three granules of aconitine or of pilocarpine, at bedtime. An overloaded rectum may be the cause.

Constipation may by itself cause any form of acute insanity, especially melancholy of the so-called religious type. And that the hallucinations that excite these unfortunates are caused or aggravated by an overloaded rectum or a flood of toxins from the bowel, deserved more emphasis than Burggraeve puts upon it. The use of evacuants and intestinal antiseptics should constitute the basis of treatment.

And this applies to the whole range of chronic nervous affections. The large cells of the motor area of the posterior columns of the cord may be affected in chorea, but what affects them? Whence comes the lesion found at autopsy? At best the pathologist is only examining the ashes of a burnt-out fire. But we are most interested in the fire while burning, what

Cachexias: In syphilitics and scrofulous, with anemia, use mercury, arsenic and iron iodides, combined as needed.

Cachexias: In all the forms needing elimination the iodides are the remedies and present ample choice.

started it, and how to put it out. Until a better is offered, it would be a blessing if the profession were to take the doctrine of intestinal sepsis and autotoxemia as a working hypothesis in all such cases, and upon that build the therapeutics.

An unpleasant taste in the mornings is a peculiar symptom, and should receive more attention. Toxin absorption goes on rapidly at night. A granule of iridin at bedtime keeps up the bile excretion during the night, but this may interfere with sleep. In this case three granules of avenine, or a tablespoonful of clam-juice, in a full glass of hot water on retiring, will secure sound, restful sleep and a fresh feeling on waking. But this symptom deserves more study.

That rheumatism and gout begin in the stomach, is only half true. In many cases the *materies morbi* is generated there, but in others the throat shows the first evidences of a microbic invasion that precedes the outbreak. We must not waste our energies guarding one avenue of attack and leave the others unguarded.

The same may be said of skin diseases. The influence of the digestive condition is paramount in many cases, but the kidneys and the nerve centers must be taken into account as well. And when these three are harmonized, we have a wealth of therapy at our disposal. Berberine to dry, lobelin to wet, arsenic sulphide to combat suppuration, alnuin, etc.

In leucorrhea with relaxation berberine will prove an unfailing remedy.

Depression of the sexual function is one of the most certain symptoms of uric acid and other forms of toxemia.

In no disease is the state of the digestive apparatus of such vital importance as in phthisis. It may be asked, could

the bacillus effect lodgment in a system that was not below par as to its resisting power? And if thus below par, how can that be unless the supply of nutriment is lessened or vitiated by indigestion? This is the beginning of the series of morbid processes that end in the consumptive's grave. Throughout the entire course of the malady, the greatest problem is the sustaining of digestion. The part played by autotoxemia is very large. Clean out the alimentary canal and render it aseptic, by a sufficiency of saline laxatives and of calcium sulphocarbolate (about sixty grains a day at first); and the fever will fall a degree or more, the nausea will disappear, the appetite will return, languor subside, sleep improve, hope supplant despair. The change affected by this procedure alone is an object lesson for the man who has not become personally familiar with the results of "clearing out and cleaning up."

The influence of the digestive canal in the causation of renal disease is now being acknowledged. We seek here for the causation of nephritis, and look on it as the protest of these organs for overwork forced on them by improper diet and neglect of personal hygiene. Concentrate your exertions on any object, bend every energy to its attainment, neglect the body, take such food as will afford force most quickly, with least call on the vital energies, keep up on artificial stimulants, and win your million—at the cost of the health that would enable you to enjoy it—and that is the ideal success of the day. Nephritis is due to sedentary life, too large a proportion of nitrogenous food, the use of condiments and alcohol, and the effort to correct matters temporarily by drugs.



Cachexias: Eucalyptol acts as a useful stimulant to the mucosa and an internal antiseptic. Give gtt. v, t. i, d.

Cachexias: Eczematous forms require elimination, such as with irisin and alnuin, with arsenic sulphide or chloride.

Oxaluria is now understood to signify the final result of the processes beginning as uricacidemia. Oxalic acid is a further transformation of urea and uric acid—the cinder. The remedy is therefore the disuse of albuminous excess. Nitric acid before meals gives temporary relief.

In organic dyspepsia, a very awkward name for acute gastritis, we will give great relief by irrigating the stomach and administering morphine gr. 1-8—1-4 and atropine gr. 1-135 hypodermically, repeated as necessary. Nutrition should be by the colon or skin alone.

In the catarrhal forms we have amply demonstrated the value of irrigations to remove the mucus; berberine to contract the dilated stomach walls, silver and zinc oxides to correct the catarrhal tendency and restore the mucous membrane to a healthy state; copper arsenite and the sulphocarbolates to stop fermentation and bacterial action; juglandin to excite a secretion of healthy digestive fluids, to replace the vitiated secretions being formed; iodoform to subdue irritability of the stomach walls and relieve pain; and aloin to keep the lower bowel clear.

In gastric cancer the patient will be found to have a little fever, and to prefer to lie on his face as affording relief. Conduragin, gr. 1-67 three to ten times a day, affords great relief, and sometimes a cure. The patient will be kept far more comfortable if the stomach is washed free of secretions and decaying materials formed or collecting in it, and is disinfected by five to twenty grains of sulphocarbolate after the washing. Much of the suffering and the debility is due to absorption of septic matters from the stomach.

Possibly in no affection has the superiority of alkaloidal medication been

more clearly shown than in the management of gall-stones. For the paroxysms we give hyoscyamine, to relax the spasm and set the calculus free; glonoin to relax the spasm and strychnine to steady the affected tissues and hasten normal peristalsis in the biliary passages, hurrying the stone along. In the intervals we give sodium succinate, because it has been found that if the patient takes this for a year, a scruple a day, the spasms become less frequent and severe, and finally cease altogether within that period; we add dioscorein gr. 1-2 and boldine gr. 1-67 four times a day, because each has won the same repute to some extent; and we do not wish to lose a chance of benefiting our patient while waiting to find out just what each of these agents really does. We confess our inability to say how the relief is obtained. At present we have to be contented with the fact, and wait for the explanation till later. Possibly one or more of these agents imparts to the bile a solvent quality; or a germicidal power over the microbes in the biliary passages; or lessens the irritability of the tissues, or acts favorably on the tissues of the duodenum; in fact the true action of remedies on the liver and its various structures and functions has not yet been developed as we would wish.

The use of hyoscyamine up to full physiologic action in intestinal obstructions has recently attracted much attention. In any case dilation of the spasmodic fibers in this way relieves the stoppage and saves the resort to surgery. The addition of strychnine arsenate and glonoin is to be commended. In many cases of intestinal obstruction also, the inflation of the bowels by gas or by hot water is to be preferred to too hasty re-



Gall-stones: With atropine for pain, give glonoin to quickly relax the spasms and let in the anodyne quickly.

Gall-stones: Morphine is less effective in relieving the pain than atropine and infinitely more dangerous.

sort to surgery. In treating fecal impactions it has been found that injections of crude coal oil have a remarkable influence in breaking up the mass. These enemas are harmless and painless. About a pint is used at a time.

Ordinary diarrheas respond nicely to salines, followed by juglandin and emetin, the former for the small bowel, the latter for the large, to restore healthy secretions. Of juglandin give gr. 1-6 or of emetin gr. 1-67 every hour. When either tends to become chronic the oxide of silver is useful, gr. 1-12 every hour; or iodoform gr. 1-6 hourly to relieve pain. In colliquative forms the hectic should be checked, and calcium lactophosphate given, gr. j every hour. In all forms when the stools are fetid, zinc sulphocarbolate is indicated, gr. j to v every hour till the stools are odorless. In mucous colitis the only treatment we

have ever succeeded with is silver oxide, gr. j three times a day for a week or two, stopping before the danger of argyria begins. The new salts of silver are said to be free from this danger, especially Crede's colloid or Collargolum, and this deserves a trial in this malady.

In Asiatic cholera the laxative method is one of the few that may definitely be retired—it has been fully tried and proved deadly in results. From the first indication of the disease the bowels should be sealed up, peristalsis stopped, and absolute quiet enjoined. The use of atropine hypodermically has proved effective.

I have only indicated a few of the additions that may be made to the therapeutic resources of Burggraeve. Many more will occur to our readers. But the cardinal principles he lays down are founded in truth; and will endure.

Chicago, Ill.

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### CONSUMPTION.

By S. A. Milliken, M. D.

**E**VER since the appearance of my former articles on tuberculosis, I have been receiving so many letters of inquiry that I find myself utterly unable to answer them with any degree of promptness; and if you will allow me, I should like to use the columns of the CLINIC to give such information as is most frequently sought.

In this paper (and in future ones), I shall use the term "consumption," rather than "tuberculosis," or "phthisis," because it is a comprehensive term, which will embrace not only those cases in which the destructive tissue-changes are at some stage complicated and intensified

by the presence within the organism of active colonies of the bacillus tuberculosis, yet have almost exactly the same pathologic condition existing, and require a practically identical plan of treatment. A further reason is that it is a descriptive term, an accurate characterization of the active, potential process which, in this disease, constitutes the real life-destroying agency.

#### THE ANSWERS.

I. I do not take charge of consumptive patients, and do not care to have anything to do with their treatment, except it might be in an advisory capacity. I am more than willing, however, to do

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Gall-stones: The indication is for antispasmodics rather than for anodynes, hence atropine and not morphine.

Gall-stones: When the pain resists atropine to dry mouth, give a few whiffs of chloroform and send for a surgeon.



anything which lies in my power to aid them in securing proper care and treatment, and will cheerfully respond to all requests for information and advice, especially when such requests come through physicians.

2. I am not in any manner connected with any hospital or sanitarium, and I do not recommend hospital or sanitarium treatment for consumptives, except for those cases in which it is absolutely necessary to have constant intelligent care and professional oversight which cannot be secured otherwise. An ounce of self-reliance is worth a ton of coddling to the consumptive.

3. No, I do not think that this climate will cure consumption, or any other disease. When the patient comes to this country he simply places himself under such climatic conditions as will be most favorable to his recovery. But climate will not cure him any more than will drugs and doctors. He may need a doctor and some drugs and some nursing, but he cannot lie on his back, resigned and apathetic, and expect the climate or the doctor or the nurse to cure him. He must realize that his recovery depends absolutely upon himself, that he must make an effort, that care and grit and the exercise of a little common-sense on his part are worth all the climate and drugs and doctors in the universe.

4. You can secure any drug here that you can secure anywhere else in the world, but if you are coming out here to make a drug-shop of yourself you had better stay where you are. Drugs are cheaper there, and they will not kill you much quicker than they will here.

5. The larger towns and cities have clubs, which are the equals of almost any Eastern club, and you can obtain in these

same cities all the luxuries and delicacies which you may wish, while the best of champagne, whisky, brandy and other liquors can be obtained almost anywhere. But they are no better than they are at your home; and like the drugs, they cost more. Your funeral expenses will also be more here than there, so that if these things are necessary to you I would advise you to stay where you are, and die among your friends. If you have any reasonable object in coming out here, it is to get Nature's assistance in your cure, and the closer you get to her and the more you rely on her the more benefit you will receive from her.

6. There is scarcely a camp in this region which does not have physicians competent to direct the treatment of a case of consumption, tuberculous or otherwise. Many of them have recovered from the disease themselves, most of them have given the subject special study, and all have constant opportunities for personal observation of the disease in all its phases.

7. Private patients cannot secure admission to the Government Tuberculosis Sanitarium at Ft. Bayard.

8. I cannot say that any particular place is *the best place* to send patients. In a general way, Colorado, Utah and Nevada, northern New Mexico, Arizona and the mountain section of central California, are good for summer residence, and southern New Mexico, Arizona and California, and northern Sonora, for the winter; while for a year-round residence the Salt River Valley in Arizona and the section between the Rio Grande and the Rio Gila in southwestern New Mexico, are the best. My own special preference is for Phoenix, Ariz., for those who have weak hearts, or who suffer from active



Gall-stones: Cases resisting atropine usually prove to require surgical intervention. An important rule and a true one.

Gall-stones: The danger from morphine is seen as soon as the stone rolls into the duodenum, in narcotism.

hemorrhages; Silver City, N. M., for all others who must have sanitarium treatment; and Pinos Altos, N. M., for the rest. But there are many good places, possibly some better than these.

So many considerations enter into the question that an independent decision must be reached for each individual case. The physical condition of the patient must be considered, his disposition and the state of his finances on one hand, and the accessibility of the place, its altitude, the facilities for taking care of invalids, and many other things on the other.

The ideal will be easily accessible, will be well situated and wisely built from a sanitary point of view, will have pure, dry air, pure soft water, abundant sunshine and an equable temperature, will be sheltered from winds and free from sandstorms, will have a hospital sanitarium and a hotel sanitarium, both well conducted, good hotels and boarding houses, and plenty of nice, neat, cheerful, comfortable cottages to let, with a bunch of tents here and there in nooks and corners; and there will be at not too great distance good hunting and fishing grounds, and various places of interest to tempt the patients to take frequent short trips on horseback or burroback. Such a place does not exist, except in the imagination of the "boomer" (though it might be created by the investment of a little capital, in many places), but there are places which have a large proportion of these advantages, and of these a partial list is appended. All these places are easily accessible, and have pure air, abundant sunshine and equable temperature. All have physicians and nurses, and in all, fair to excellent accommodations may be secured. Other advantages,

and the disadvantages will be mentioned under the name of the place.

Albuquerque, N. M.

Alt. 4,935. Pop. 12,000. Physicians, 20. Accommodations for 300 in hotels, 1,000 in boarding-houses, and 200 in private families. There are excellent schools and a number of churches, also theaters and others places of amusement, as well as many places of interest near by. The disadvantages are: Few good houses to let, rather poor sanitation, occasional high winds and sand storms, and the absence of hospitals and sanitariums. The water is good.

Deming, N. M.

Alt. 4,315. Pop. 1,300. Physicians 4. Accommodation in hotels for 40, boarding-houses 60, private houses 40. Has the best of water, good, natural sanitation, is a railroad center, has good schools and churches, hunting and fishing at no great distance, and offers some amusements. The disadvantages are high winds, terrible sand storms, and lack of hospital and sanitarium. Has a few houses to let.

Las Cruces, N. M.

Alt. 3,850. Physicians 4. Accommodations in hotels for 55, in boarding-houses for 200, and in private families for 300. A number of houses to let. Good schools and churches, and many near by places of interest to visit. Good hunting. There is fairly good natural sanitation. The disadvantages come from the wind and sand storms, and the lack of hospital and sanitarium accommodations.

Las Vegas, N. M.

Alt. 6,384. Pop. 8,000. Physicians 3. Accommodations for 185, 25 and 50. Few houses, No wind or sand storms. Fair natural sanitation. St. Anthony's



Gall-stones: The most successful treatment of the interval is the use of sodium succinate gr. v four times a day for a year.

Gall-stones: Hot enemata aid materially in relieving pain while waiting for the atropine and the little syringe.

Sanitarium accommodates 100. Plenty of near by places of interest, and some places of amusement.

Las Vegas Hot Springs, N. M.

Alt. 6,767. Pop. small. Hotel accommodations, and a few cottages. Hospital and sanitarium. Good schools. No wind or sand. A regular invalid resort.

Pinos Altos, N. M.

Alt. 7,000. Pop. 300. Physicians 3. No hotel accommodation. Boarding-house will accommodate 15. A number of neat comfortable cottages to let. Water not very good. Considerable wind. No sand storms. Perfect natural sanitation. Good schools and churches. Many near by places of interest. Hunting and fishing within a day's ride. No hospital or sanitarium.

Roswell, N. M.

Alt. 3,575. Pop. 2,500. Physicians 14. Good water. Natural sanitation. Schools, churches and places of amusement. Places of interest near by. Accommodations for 70, 300 and 100. Few houses to let. Wind and sand storms. No hospital or sanitarium.

Santa Fe, N. M.

Alt. 6,939. Pop. 7,500. Physicians 7. No wind or sand storms. Sanitation good. Hospitals and sanitariums. Accommodations for 200, 20 and 75. Some houses to let. Good schools. Churches. Many places of interest in and around the city.

Silver City, N. M.

Alt. 5,835. Pop. 2,000. Physicians 5. Accommodations for 50, 20 and 75. Few houses to let. Good water. Best of schools. Churches. Two hospitals and two sanitariums. Many places of interest in surrounding country. Some wind and sand storms.

El Paso, Texas.

Alt. 3,687. Pop. 18,000. Physicians 60. Accommodations for 700, 2,000 and 1,500. Good water. Sanitation not very good. Bad wind and sand storms. Two hospitals. A number of good houses to let. Best of schools. Churches. Many places of interest in and around the city. Plenty of amusements. Railroad center.

Phoenix, Ariz.

Alt. 1,080. Pop. 17,000. Physicians 40. Accommodations for 1,200, 800 and 800. Many houses to let. Water good. Sanitation fair. Wind and sand storms. Hospitals and sanitariums. Many places of interest near by.

Prescott, Ariz.

Alt. 5,400. Pop. — Physicians 10. Accommodations for 400, 100 and 500. A few good houses to let. Wind and sand storms. No hospital or sanitarium. Many places of interest. Schools and churches.

There are many other places which might be added to this list, among them Alamogordo, Carlsbad, Raton, Springer, San Marcial, Socorro and Water Canyon, N. M.; and Adamana, Benson, Camp Grant, Castle Creek, Flagstaff, Ft. Huachuca, Tombstone, Tucson, Williams, Wilcox and Yuma, in Arizona.

There are dozens of good places for those who are able to take care of themselves and can stand a moderate amount of "roughing it."

9. A consumptive who is compelled to earn his own living can usually find some employment, not always that which he would choose.

10. About the only "bad man" we have out here is the Eastern tenderfoot, who lands here with a pair of new guns which he is anxious to show, and who usually comes out of jail sadder and



Gall-stones: Under the use of sodium succinate the paroxysms become less frequent and less severe until they cease.

Gall-stones: Lithium salicylate, taken for long periods has the reputation of causing solution of gall-stones.

wiser, and poorer by the amount of the fine he has paid.

11. Our Indians are mostly too busy trying to earn a living for themselves and families to have much time to spare for scalping the whites.

12. If you will drop into a miner's boarding-house some evening, and start a discussion on any subject from theosophy to the Venezuelan muddle you will probably be ready to acknowledge after you get your breath, that for education and intelligence they will compare very favorably with the people of "the East."

12. Well, yes, we have some "society" here, though as a rule it does not

wear low-necked gowns or dress suits. None the less are its members ladies and gentlemen.

13. Culture we have. "Culchah," we do not know.

14. This can scarcely be called a religious country, though we have very many zealous church people of all creeds and denominations.

15. You can buy almost anything in an ordinary sized mining camp that you can in the largest Eastern city. Groceries and dry goods of the best quality and in the largest variety are kept in most of the stores.

Pinos Altos, N. M.

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### ALKALOMETRY.

By Dr. Marty in *La Dosimetrie*.

The Dosimetric (Alkalometric) Method.

Translated by Dr. Epstein.

#### SECOND ARTICLE.

N our preceding article we have shown that in the evolution of medical sciences the Dosimetric (Alkalometric) method had obtained a place in the habits of all practitioners, and that despite all criticisms and the ill will of the official medical world. In the present article we desire to prove what we have said there, with observations, not selected but taken as they come to our hands in our daily practice. We trust that the following observations taken from day to day and hour to hour and presented here will prove satisfactory.

Two conscientious physicians, one of them a specially good man was our teacher and occupied a chair in our medical faculty, were able to assist us in this laborious cure. They were able to see

that far from groping blindly the alkaloids were employed by us minutely and scrupulously, according to the strength of the patient and the condition of the disease, and they were given boldly up to the desired therapeutic effect.

What a pity that scepticism, and perhaps a little also of the *invidia medicorum*, that *pessima invidia*, should have prevented them from thoroughly examining the application of a method, which they had the opportunity of seeing courteously applied by one much younger (this was his only fault) than themselves, because he was driven by the love of the patient to accept the entire responsibility of the case.

In September of 1901 I was called by telegram to one of my clients of Toulouse, who had met with an accident.

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Gall-stones: Podophyllin taken for long periods in small doses, gr. 1-6 at bedtime, is believed to favor solution.

Gall-stones: Euonymin, gr. j at bedtime for a long time, is believed to favor the solution of the calculi.

Starting out in good health before Saturday evening for his place, where he was in the habit of spending his Sundays, he there fell down from a high pigeon-house which he had constructed.

The man was very corpulent, tall and fat, past his fifty years of age, and had confided to me the care of his health for the last two years.

I will repeat briefly his pathological history, which I have published already in this journal in 1900.

He was always well in his youth, but in the war of 1870 he suffered from a severe gunshot wound which perforated his hip. He was admirably taken care of in Germany where he was brought as a captive, but to allay his severe pains he was given such quantities of opium extracts that he retained from it an obstinate constipation that could not be overcome. After that epoch he was in good health, but gradually there supervened digestive troubles, heaviness, flatulence, pains, all indicating a growing embarrassment of intestinal functions and chronic hepatic congestion. The use of tobacco contributed to his slow gastric digestion, and when he came under my care his stomach was insufficient in both a chemical and a muscular aspect. The gastric cavity descended three fingers below the navel, and however digestible his selected food was, however well insalivated, masticated and swallowed, it never passed without great difficulty, and always left a residue, which provoked fermentations and new toxins.

Then the overworked liver gave at last symptoms of functional insufficiency, and the kidneys too becoming overworked with forced constant elimination of in-

complete and irritating products, followed suit.

It was at that time that the patient, after being treated by many other physicians, took resource in the dosimetric method to re-establish an equilibrium which was so severely threatened.

I will not revert to the treatment then instituted, having been sufficiently heard on that score in what I published before.

The improvement became marked and uninterrupted, the renal lithiasis has disappeared, and the diuretic antispasmodic granules, as well as the defervescent and strychnine arsenate granules, acted always in correcting the functional disorders of the organs that were first affected.

A urinary analysis made on the 11th of August, 1900, by M. Dessort, a Toulouse pharmacist, gave the following results:

|                                 |                          |
|---------------------------------|--------------------------|
| Volume....                      | 1,500 cubic centimeters. |
| Density at -  15° C. (= 59° F.) | 1.031.                   |
| Urea, per liter.....            | 16.50.                   |
| Uric acid .....                 | 0.24.                    |
| Phosphoric acid.....            | 2.03.                    |
| Glucose .....                   | 6.84                     |
| No albumin.                     |                          |

The patient spent a watering season in the little station of Audinat near Saint-Giron, and on his return on the 16th of August another examination of the urine was made by the same chemist with the following results:

|                                 |        |
|---------------------------------|--------|
| Volume for 24 hours, liters.... | 2.     |
| Density at -  5° C.....         | 1.024. |
| Urea, per liter .....           | 13.25. |
| Uric acid .....                 | 0.18.  |
| Phosphates .....                | 1.53.  |
| Glucose .....                   | 7.042. |
| Albumin, indeterminate traces.  |        |

Such was the situation before the accident. At that time it was clear that the



Renal Calculi: Hydrangin is one of the remedies that is claimed to cause solution of the calculi; gr. v—x at bedtime.

Gall-stones: Dioscorein is probably useful in subduing the catarrh that causes the disease—or in killing the microbes?



patient would not be bad off, and that the general equilibrium would keep up well. We must not mind the increase of the glucose in this last analysis, because a slight increase of urinary sugar depends on the ingestion of grapes, of which this patient is very fond.

I went to the patient as quick as I could, and found that he was already seen by M. Labeda, professor of medical operations in the medical faculty of Toulouse, and by M. de Gisson, a physician of Noe (Haute-Garonne). The fall was from the height of the roof on to the edge of the planks forming the skeleton of the new structure, and the first violent impact was with the right side of the body. Then the mass was repulsed along a ladder which was hit by the patient's left side when he whirled and slid on the left side of the back. The body of the unfortunate man came down flat onto the ground, which was full of heaped-up debris, striking the left shoulder and scapula, and also the posterior part of the head, as is evident from the ecchymoses, the functional impotence, and the sore on the scalp situated behind and above the union of the occiput and the left parietal bone.

My honorable and distinguished confreres whom I met examining the patient, found the situation very grave and so to say lost. Prof. Labeda considering the functional impotence, the terrible pain which the patient felt in the left shoulder and over all the left side, believed to be able to diagnose a fracture of the scapula and adjacent ribs, and perhaps an internal effusion, also on the same left side.

Twenty leeches were put behind, to the left and below the scapula, to act at once on the pains and on the presumed

effusion, for to examine anyways thoroughly was impossible at that time on account of the disastrous condition of the patient and the agonizing pain which the impeded respiration gave him. On the 2nd of September in the evening I found the patient still confined to his bed and unable to move in the least, but having an almost perfect recognition of persons and things. Having carefully divested the patient of his clothing I made as thorough an examination of him as he could permit me to make under the circumstances and the following is the result of it: The left arm completely disabled. Traumatic arthritis of the shoulder joint. No fracture of the scapula. No fracture of ribs. Very extensive ecchymoses over all the hind left region. Resonance of that region is sufficiently preserved; auscultation shows intense pleuropneumonic congestion but no trace of effusion, coarse, sibilant and mucous rales and pleuritic friction sounds.

The right side is apparently sound. On auscultation, however, I find all the lower part of the right lung occupied with a considerable effusion, the dullness reaching up to two fingers' width below the lower angle of the scapula.

The heart sounds are small, irregular, embryocardiac, but without blowing. Pulse 140. Temperature 37.8° C. (=98.6° F.). Abdomen and stomach distended. The urine is little and of a deep mahogany color. No stools. Expectoration is difficult, the cough painful and harrowing. The general condition is yet that of traumatic shock.

Here then we have a patient whose liver is functionally attainted, whose liver cells are changed and produce a glycosuric diminution of the nitrites in the urine, whose kidney is already insuf-



Gall-stones: Boldine is claimed to be effective in subduing the disease that causes the calculi; gr. 1-67 three to seven times a day.

Gall-stones: Chelidonium has much repute in preventing the paroxysms. Give up to  $\pi$ . v daily for long periods.

ficient, whose general atony of the gastrointestinal system produces a permanent autointoxication.

His traumatic condition adds to all that misery, first of all the cerebral congestion which constitutes the shock, then come the local lesions, the bruised muscles and nerves, to which come yet the internal pleuro-pneumonic lesion, congestion and effusion.

What treatment was to be instituted here to oppose such a train of indications? The evil everywhere here was principally in the sympathetic nervous system, which presides over the vasodilators and vasoconstrictors of the vessels, over the circulation generally, over the emunctories and over the heart. Hence the indication here of a dominant, that is a vascular tonic and anticongestive, strychnine, digitalin and aconitine (the Dosimetric Trinity granule). The variants would have comprised diuretics, expectorants, local revulsives and laxatives. With the thorough knowledge I had of my patient I at once fixed upon the indications of a treatment, which I did not commence in fact till the 3rd of September when after a consultation I accepted the entire responsibility of the case. The treatment was formulated as follows: 1st. Against the local condition revulsion with thermo-cautery. 2nd. To combat the pulmonary congestion give every hour one Defervescent granule. 3rd. Every two hours add one granule of emetin to facilitate the liquefaction and ejection of the exudations. 4th. Give morning and evening a wafer with 0.5 (=gr. 7½) each of lithia and antipyrin to arrest somewhat the progress of the diabetes. 5th. Disinfection of mouth and teeth. 6th. As food and drink, pure milk, or diluted

with water, sometimes Evian water (a spring of free carbonic acid, sodium chloride and carbonate, in Switzerland), or a decoction of triticum repens. 7th. Keep the bowels open with either a tablespoonful of Seidlitz (Abbott's Saline Laxative) in the morning, or a teaspoonful of the same several times during the day.

The carrying out of this treatment was entrusted to a devoted friend of the patient, a reliable man as one could desire in similar cases, who at once understood his part, and who was the strongest help a physician could have in carrying out the work undertaken.

Nothing strange happened that first day. The granules were given from 1 p. m. till 6 p. m. At 3 p. m. there came Dr. Ducros of St. Giron, a nephew of the patient, who found him oppressed and applied some cups, and at 7 p. m. ordered to stop the Defervescent granules, under the pretext that the maximum dose had been reached.

During the night the emetin alone was given, and during all this time the patient was a prey to general uneasiness, could however expectorate more easily towards morning.

A dose of Seidlitz given at 6 o'clock produced four copious stools during the day of September 4th.

The Defervescent granules were resumed at 4 p. m. except during the small intervals when the patient could get a little sleep, so that he took during that day eleven granules of emetin and fourteen granules of the Defervescents.

The pulse came down from 120 per minute to 110, 107 and 100. On the fifth, condition of the patient, modified after 4 p. m., was as follows: The right lung was freeing itself. The blowing



Gall-stones: Unite soda succinate, boldine, dioscorein and chelidonin, and give them together for a year or more.

Gall-stones: It is likely that remedies that cure, do so by curing the causal catarrh or as microbicides, not solvents.

sounds disappeared and there remained not much more than at the middle of the back, below the spine of the scapula. The rales are more numerous, the expectoration more easy, the pains in the left side are still vivid. Treatment the same. Sept. 5. The first part of the day the patient was most troubled with difficult expectoration. He fell asleep about 5:30 in the morning and rested quite tranquilly the rest of the time. On my visit at 10:30 in the morning the patient's condition was better, the pulse was 100, and no fever, the state of shock had disappeared, and he had a feeling of general contusion, and the feeling of fatigue was also greater in spite of the diminution of pain in the left side. Auscultation showed the right lung completely free, more (respiratory) murmur, the rales less abundant. Respiration is more easy and there is less want of air.

The urine is yet scant, but the color is less dark. The morning purgative of a tablespoonful of Seidlitz has its proper effect. During the last twelve hours the patient had taken nine granules of emetin, eight granules of the Defervescents.

Treatment: 1st. Every hour, except when asleep, one granule of each and together, strychnine arsenate, digitalin, emetin.

2nd. Ptisanes, milk, potage, every three hours, one biscuit in wine.

3rd. Seidlitz in the morning. At the end of this day the patient had taken seven granules each of emetin, digitalin and strychnine.

Sept. 6. From midnight to 1 a. m. the patient passed an acute crisis depending on the difficulty of respiration. After that he became calm and was better in the morning, and about 2 p. m. the rales

were no more perceptible to the ear. The respiration became more free and the improvement very perceptible.

In all he took ten granules each of emetin, digitalin and strychnine.

At my visit of 6 p. m. I found the general and local condition of the patient improving steadily, and this in spite of a badly passed night, owing to a series of small imprudences which, causing chilliness, arrested expectoration. I ordered the emetin to be given as often as it became necessary to make the expectoration fluid and easy, two or three granules at a time if needed. The maximum dose of this will not be reached till the stomach shows symptoms of intolerance and nausea.

Sept. 7. During the first twelve hours there were given microtachydosically (small, quick dosage) 16 granules emetin and 8 of strychnine.

[I have translated that Greek word coinage in parenthesis, but in either its French form, "microtakydosiquement," or in its English form in the text above it is too clumsy for use. And yet Alkalometry needs badly a brief expression for its fundamental maxim: "small doses frequently repeated." I propose therefore the Latin expression "parvocerebrally" from "*parvus*"—small, and "*crebro*"—often, and so we might speak of treating a case alkalometrically with "parvocerebral" doses. And if we want to indicate a longer interval of doses, we might speak of "*parvo-longior doses*," i. e., "small-longer doses." We will never change the size, but we may the intervals of our alkalometric dosage.—Dr. E.]

At my visit I found the lungs tending steadily to improvement. On the right side the dullness at the base of the lungs remained as before, and the respiration

Bronchiectasis: Quinine ars. is about the best general tonic for this affection. Give gr. j daily in broken doses.

Bronchiectasis: The influence of pulmonary gymnastics is exceedingly valuable in such maladies as this one.

remained absent from that part where the sanguineous effusion was being absorbed. On the left side the rales were less. The dyspnea and the diminished movement indicate that there is a hindrance offered to the circulation by that quantity of blood which hinders the normal dilation of the lung.

There is no doubt but that the convalescence will be slow, and will follow the progress of the absorption of the effusion.

The same treatment as before was continued. Of medicines there were given together every hour, one granule strychnine arsenate, one granule digitalin, and two granules emetin. During that day the patient urinated more freely, and had an alvine evacuation.

Sept. 8. The night passed without any other incident than a small paroxysm of difficult expectoration. From midnight till 6 p. m. he was seven times to stool, which fatigued him. At last he had a good expectoration. He had taken 41 granules of emetin, and 16 each of digitalin and strychnine.

At my visit I did not find the improvement during the evening as perceptible as I did the day before. The pulse was 88, and no fever. The rales are less numerous, but one can hear some blowing respiration towards the middle of the right side. The same dullness at base as before. I added to the treatment of the previous evening a little caffeine, ten granules morning and night.

I instituted large intestinal flushings to cleanse the bowels of the septic matters which the Seidlitz and emetin evacuate.

I recommended warm drinks and methodical ventilation of the room, and as food, egg eaten from the shell (boiled), boiled brains, and rice veal.

Sept. 9. The night would have been quite a good one except for one rather violent paroxysmal cough with almost no expectoration at all, and if the sleep had not been interrupted by the necessity of going to stool.

During the day the patient had thirteen stools without any nausea. He took ten granules of emetin, twelve each of digitalin, and strychnine, and twenty granules of caffeine, each .01 (= gr. 1-6).

At my visit the condition of the patient was characterized by extreme fatigue caused by the many stools he had. The right lung is congested; some respiratory murmur sufficiently clear, but without its characteristic ring (*timbre*), justifying another energetic revulsion with thermocautery.

I discontinued the emetin and replaced it with sodium and lithium benzoates, ten granules of each at a time. Give the digitalin and strychnine every two hours with the benzoates alone. The same general hygiene as before.

Sept. 10. The night passed quite well, expectoration quite easy, but the sleep yet little certain. Six stools yet during the twenty-four hours.

He took sixteen granules of strychnine arsenate, eight of digitalin, and four tubes\* of sodium and lithium benzoate.

At my visit I found the situation beginning to improve sensibly. The pulse was between 84 and 94; the right lung becoming sonorous at the base, and the dullness lightly subdull, the blowing sound disappeared leaving mucous rales, many and fine; the left lung nearly free all through, the apex nearly normal, but

\*A sealed tube contains twenty granules, in which form alone the French laws permit a physician to dispense his own medicines, otherwise he must prescribe from the drug store. The lithium benzoate contains three centigrams = gr. 3-6 or 1-2, and the sodium benzoate two centigrams = 2-6 or 1-3.



Bronchiectasis: The physician's task is to prevent these cases becoming "consumptive"; septic or tuberculous.

Bronchiectasis: If you expect benefit from a tissue remedy like lime, give it persistently for many months.

the pains of the rib in no way better. I added five granules of cicutine to the other for the evening.

During the last twenty-four hours the patient took three tubes of sodium and lithium, twelve granules of strychnine, six granules of digitalin and thirty granules of cicutine. The patient feels specially comfortable, the appetite seems to return, and his slumbers are more tranquil.

Sept. 11. This day was a better one at all points; alimentation considerably more, and the resting spells more frequent.

Of medicaments the patient received during the fourteen hours previous to this three tubes of sodium and lithium benzoates, twelve granules of strychnine, six granules of digitalin and thirty granules of cicutine.

On my visit I found the improvement very noticeable. The base of the right lung is permeable all through, the sonority increased and the coarse mucous rales indicate the free entrance of the air in the pulmonary alveoli. True expectorations come up, lengthening the inspiration every time, as he expresses it himself.

The left side is doing well, no pain. Treatment the same, but diminishing the cicutine.

Sept. 12. At my visit I found the respiration extending well into the zone of the exudation at the base of the right lung.

The voice there acquires a nasal ring and is resounding.

The expectorations are greenish and have a disagreeably sweetish odor.

The amount of medicines in the last twenty-four hours is; four tubes of benzoate of sodium and lithium, sixteen

granules strychnine, eight granules of digitalin, and two granules of cicutine. I had the urine analyzed, and the result showed: Density 1038; glucose 2.58 per liter. Albumin sensible but not measureable. It is evident from a comparison of this with previous analyses, that the patient is decidedly improving at all the points of the organism.

Sept. 13. Nothing specially to notice in the condition of our patient, who continues doing well; he is in good spirits and his appetite is almost normal.

On account of the odor of the expectoration I modified the treatment and hereafter there will be given three granules each of iodoform and codeine together with two granules of strychnine, and the benzoate of sodium and lithium four times a day only.

The urine is clearing up and is more abundant.

Sept. 14. The patient's condition is excellent, but the pains in the left side have reappeared when he moves about. I restored the cicutine, giving three granules of it together with the others. The treatment is now confined to daytime, and no medicine is given during the night.

Sept. 15. The condition of the right lung is much better. The sonority assumes now the normal tone. From now on there will be only the question of the detail treatment, the motions of the articulation and the contused nerves.

I massaged the left wrist and all the arm, and insisted on the deltoid masses, which were slightly atrophied.

Sept. 16. Nothing to notice. The patient's strength is returning admirably. A little constipation. I discontinued the codeine, and let the patient take a rest



Bronchiectasis: It is an inexpressible relief to the patient when told it is not a true pulmonary cavity he has.

Bronchiectasis: Autotoxemia is sure to cause aggravation of the pulmonary malady; as is indigestion also.



of all medicines. Caution point to the painful intercostal points.

Sept. 18. After an excellent night the patient became restless, and sitting down in his chair to take up some questions of the interior he was taken suddenly with profuse sweating and a return of the intercostal pains. His face became pale, he fainted, with a bad small pulse.

Prof. Labeda, who at that moment came in for a friendly visit, was astonished to find his friend in such a condition, and not comprehending the situation, thought him lost. His advice, which could not be carried out, will be understood from the state of mind he was in, and was as follows: 1st. Five leeches to the anus, left on for only half an hour. 2nd. Sinapisms to the lower extremities; and 3rd., dry cupping to the base of the chest and over the heart.

At my visit the pulse was feeble, but regular; respiration shorter than natural on account of pain in the side, and sharp pain on pressure. The right lung remained sonorous, and the rales were large. The left lung presented no complications whatever.

I made a puncture (*pique*) with caffeine (i. e. a hypodermic injection) to rouse up the heart, and one of morphine to calm the pains. Then I prescribed caffeine together with strychnine and emetin. For diet, bouillons, hot coffee, milk. No solid food. The patient is

forbidden to rise from his bed under any pretext.

Sept. 19. The heart is taking on strength; the pulse is even and strong (96). The right lung is somewhat obstructed, and the left one seems a little so; not so well; no complications. Convalescence is resuming its course. I made revulsions at the base of each lung, and across the painful intercostals.

Sept. 20, and following days. The pains and the impotence of the left side are what engage our attention now. To the cautery we add massage every day both with the hand and with the electric roller. Granules of gelsemine and cicutina are given, from twenty to twenty-five of each during the day. At going to bed I give three Defervescent. The month ended with the same treatment. A new analysis of the urine showed a total absence of glucose.

In the month of October the left upper extremity resumed its strength and functions. My patient rose from his bed, went out and inspected the place of his cooerage (*decurvaion*). He came to Toulouse and to his apartments without much fatigue. We continued his treatment during November with electricity which overcame the atrophy of the contused muscles. I lost sight of him in December, and he is now able to follow his former occupation.

Toulouse, France.

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## TYPHOID FEVER.

By Lucien Lofton, A. B., Ph. G., M. D.

Ex-President Seaboard Med. Association of Virginia and North Carolina.



HE treatment of typhoid fever infection is as varied as the number of physicians who treat it, and hence when a treatment

for this condition is sought, no half dozen men will offer the same method. It is true there are many ways to attack a fever of this kind, and it is also true that

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Bronchiectasis: Has the internal antisepsis of echinacea any value in this condition? Try it in full doses.

Bronchitis: Acute: Relax the hyperemia of the first stage by aconitine to effect and there may be no second stage.

many methods when properly and scientifically used end in success. I will not attempt to report any methods other than the one used at present by the writer; and when I say at present, I mean to convey that a great many different propositions offered by the medical profession have been faithfully and I hope intelligently tried, with indifferent success, from time to time. The mode of treatment that I wish to present to the readers of the CLINICS is in brief as follows:

I cleanse the bowels thoroughly with a tablet triturate comprising soda bicarbonate gr. 1, calomel gr. 1, resin podophyllin gr. 1-3; this being ingested every two hours until from two to five evacuations follow, or until the color of the feces changes to yellowish. I follow this by teaspoonful doses of a saturated solution of magnesia sulphate, until from ten to thirty teaspoonfuls have been given. This is given in lemon water every two hours, from which you may expect the movements from the bowels to be almost water itself, or it is merely stained. I then put the patient on a tablet comprising zinc and soda sulphocarbates each gr. 5, pancreatin gr. 1, oil of lemon drops 5. This is to be administered promptly every three hours day and night, for three days and nights. The calomel tablet is now repeated, diarrhea or no diarrhea. The fever during the calomel interim is kept in check by ice cold lemonade, ice coil (if necessary), ice pack, and cold water sponging. The sulphate of magnesium solution is omitted. I rarely use it but once, simply in the beginning.

On the fourth day I have the zinc, soda and pancreatin tablets started again, which are kept up to the end, day and night as before, and using all this time

lemonade or lemon water copiously. The fever rarely gets above 102 F. with this treatment. The fever usually lasts eighteen to twenty days and falls by lysis.

The nourishment is principally egg lemonade, hot or ice cold broths, liquid peptonoids, gruels, meat juices, raw eggs, whisky in the form of milk toddy, egg toddy, gelatin, calf's foot and hog's head jelly, rice water. The broth from wild fowl is especially gracious in these cases, likewise mint juleps in hot weather. I stimulate the patient with a tablet triturate of tincture digitalis m. 2; tincture strophanthus m. 1, strychnine nitrate gr. 1-60, every three or four hours when necessary; this to be dissolved in lemon or orange water. The juices from oranges, lemons, watermelons, are beneficial and keep up an active output from the kidneys. We cannot give too much of these last three articles. They will keep down nausea, tympanites (as a rule), keep the kidneys active, the bowels in good shape, aid digestion and can be tolerated by the weakest stomach. In fact, all three make not only a splendid medicine but a vehicle as well.

I rarely change my plan of treatment; never have any depression when orders are obeyed, and no uncontrollable complications to arise, nor any excessive fever.

The past summer and fall I treated thirty-seven cases without one death, and in one case I was not summoned until the patient had had a severe intestinal hemorrhage. This case is exceedingly interesting and I will give its history briefly.

Miss D., 17, slender build, was visiting where a friend had just recovered from typhoid fever, and was infected by the drinking water as was the entire



Bronchitis: Acute: For the beginning fever a combination of aconitine or veratrine with digitalin and quinine is good.

Bronchitis: Acute: If the fever is high and secretions are deficient at first, give veratrine till full effect is noted.

family. Came home after she had been complaining ten days and was taken immediately to bed with a chill. By way of digression I will here state, this being a malarious section, whenever a chill occurs here, the lay folk believe it of malarial origin, consequently this young lady was treated with quinine for several days to break her fever, when one morning about 4 a. m., she had a hemorrhage. The mother thought the hemorrhage was the monthly flow caused by the excessive dosing of quinine, and paid little or no attention to it but continued to give quinine. Of course the young lady was greatly weakened by the hemorrhage, but the home folks thought this would pass off in a day or two, when thirty-six hours after the first hemorrhage she had a second.

At this juncture I was called in, and found the girl in a profound condition of shock. I suppose she had lost something like a half gallon of blood, judging from the saturated bed clothing. I finally brought her around by warm water, transfusion of normal salt solution, hot water bags around the body, whisky and strychnine nitrate injections, and in the course of two hours began to give her a powder containing powdered opium, gr.  $\frac{1}{2}$ , and sugar of lead, gr. 10, every half hour or oftener if hemorrhage returned. The stimulating tablet triturate men-

tioned above was also ordered every two and a half hours, the hot water, hot whisky punches (to be carefully given), when necessary. She was also given hot lemon juice water every half hour to one hour, as hot and as much as could be borne. Three hours after I left, another hemorrhage started, when the powders mentioned were given every fifteen minutes instead of as directed, and after three had been ingested the condition promptly ceased. I forgot to mention that I used elevation of the hips also in reviving the patient, which concentrated the remaining fluids to the vital centers.

This patient made an uninterrupted recovery under the treatment outlined in this article. Let me here state with emphasis, the great trouble with the medical profession is that it does not use enough lead acetate in these conditions of hemorrhage. You might take a tablespoonful and it could not hurt you other than lock up your bowels.

It is the best intestinal hemostatic in the pharmacopeia today, and to know it as I do you will say so too.

I know that typhoid fever cannot be aborted in the true sense of the term, but it can be held in check, and its ravaging disposition throttled, when treated scientifically.

Belfield-Emporia, Va.

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## BREWERESQUE.

By Horatio S. Brewer. M. D.



H, it was pitiful! Near a whole cityfull, home she had none! So she dropped the kid on the sidewalk, and it froze. The police are hunting for her, and a jury of

her peers (?) will send her up if she is found. And all because she loved not wisely but too well.

But who is responsible? Surely not the poor girl. Public opinion frowns at

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Bronchitis: Acute: A full dose of quinine at the outset, gr. xij. with camphor gr. j, may abort the attack.

Bronchitis: Acute: Apomorphine is the best agent to promote secretion; gr. 1-12 to an adult every two hours.

poor girls who go astray, but have a great sympathy for the man who is "sowing his wild oats." And I for one think public opinion is a great fraud and a delusion. Why not hunt down the cause, not the effect?

Dr. Swain says Cain the first murderer was a vegetarian; and that all the people who lived in the time of Noah were not saints. He also said that the offering of meat pleased God. Sprinkling of blood on the door saved the first born.

I am not very religiously inclined, from a church-member point of view, and I am not able to reconcile the goodness of the God whom I believe in, with the horrible monster that the Jewish chronicle depicts. The God I worship was never accessory to the murder and torture of his children. So many people confound God with the congested liver of those old Jews. You can't find anything about vaccination, telegraphy, x-rays and a thousand discoveries of modern times in these Jewish chronicles. Yet you can find a great deal that we now reject as horrible. Why should we always look backward? Surely that field has been worked to death. No man can be a follower of the meek Jesus and believe everything in the old chronicles as from our God. God is not behind the times. He leads us. He is an up-to-date God.

Meat eating is a relic of barbarism. The eating of meat sinks men's souls towards hell. No man can love God and be a faithful follower of the light that leads, and endorse *in toto* the proceedings of the Union Stock Yards.

Give us facts, Doctor. Don't try to prove your case by such out-of-date rubbish. When a preacher wants to prove his case he cites what he terms Holy

Writ, not his own experience, nor some one else's, which doesn't amount to anything. Try not eating meat at all for a year or eat it very sparingly, then write up your experience.

A doctor writing on epilepsy in the CLINIC says that nothing gives him greater delight and satisfaction than to follow the after career of those patients whom he has cured of epilepsy. And the Editor, commenting, says that well he may, *if he has cured them*. So say I. So may we all of us. But what knocked the stuffing out of his article for me was a concurrent ad of his in the Chicago Tribune offering to cure these poor people for so much a bottle. And he did not tell us his treatment either.

Now my brethren, I do not want to be critical or seem like a "meat-eater." I am an optimist and always hopeful. If this man has a cure for this dreadful curse, this great affliction, why doesn't he tell us what it is? Jesus cast out devils—is there any worse devil than the devil of epilepsy? He told us how He did it. We have often tried His methods on ourselves, but it would not compare with a good dose of calomel in working off the devil that is in us.

ARE YOU "UP TO SNUFF?"

Did you ever have one of those prolonged cases of labor, where hour after hour found you waiting at the bedside, with no perceptible progress, and you grew weary, hungry, lonesome, and wished you had never been born? When the young husband with nervous tread walked the floor, and tore his hair? When the mother sat by her daughter, the picture of misery and agony? The 24 hours passing and finding you still there, with very little change. Gee! but ain't it awful? Well, I had one. An



Bronchitis: Acute: Copaiba will often clear out the dregs of a cold that has resisted everything else; it is a drier.

Bronchitis: Acute: Eucalyptol is useful by stomach or inhaled, when the secretion is too free or becoming fetid.

old negro woman told me once, years ago, that "when yo' gits confrustrated an' de pore gal ain't gwine to hab her kid, jest gib her snuff." I found some on a mantel. I gave it—lo, and behold! the baby came with a rush. The sneezing was terrific. And we all sneezed in sympathy. And the baby sneezed. And I am sneezing now when I think of it. Yet it was a sure winner. Try it.

It may seem risky and a trifle ruff;  
And its awful sticky, nasty stuff;  
But t'will do the work if you give enuff.  
So let us all be "up to snuff."  
I—ker—ker chee—ker—chee, ker—chew.

Well, my friends, this is a rambling letter, but I have written and feel better, having gotten rid of some gray matter in the effort. Yet I cannot close without saying a word about Florida. There may be a few ex-Boston people who get the dyspepsia and growl, and claim to be Floridians, but the real Florida citizen,

the man in the piney woods, and the city, is a gentleman—and hospitable to a degree. The climate of Florida is varied. You can get any climate you want in a mild degree. You can freeze in August and thaw out in December or *vice versa*, wherever you may choose to locate. It's a delightful climate and a delightful people, and I passed the happiest years of my life there.

Chicago, Ill.

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CLINIC readers will surely join with us in a hearty "Welcome home" to Dr. Brewer. He has been over in Michigan for a year perfecting his serum treatment for epilepsy which he published in this journal months ago and has now returned to Chicago as he says to spend the rest of his life "casting out devils." His address is, Trude Building, Chicago.

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## TYPHOID FEVER CAN BE ABORTED.

By Frank Albert Jernigan, M. D.

Late Acting Hospital Steward U. S. Army in Cuba; Hospital Steward 34th Inf., U. S. V., in Philippines; Second Lieutenant 34th Inf., U. S. V., and First Lieutenant Philippines Scouts in Oriental Possessions.



F. A. Jernigan, M. D.

SOME men are born to grand and glorious achievements in medicine, while others are pulled down from their systemic ruttness by the helping hand of a friend and placed above the temptations of medical narrowness, to

behold the dawn of a new day of accuracy and precision to shed its light over their "had been" darkened path. Such men

as a general rule are the hardest to convince and are slow to publicly acknowledge anything beneficial that differs from their old system, even after they have been converted; not because they don't care to learn but because they are to a certain extent moral cowards. Such has been my experience.

I have been a regular alkalometrist for nearly a year, having been converted thereto by the jugulating of what promised to be the worst case of typhoid fever I had ever seen; and I have seen a good many, having been connected with the U. S. Army services since 1893.

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Bronchitis: Acute: Menthol restrains free secretion and prevents or corrects fetid sputa; gr. 1-6 as needed.

Bronchitis: Acute: Benzoic acid restrains too free secretion, in late stages; gr. 1-6 upwards every half hour.



And I honestly and conscientiously believe I am as able to treat the above-named disease, with as much success, as any practitioner of the day.

Since I have been combining the Dosi-metric (so-called) with the old "knock-down and drag-out" regular system, I have felt and realized that I have been looking through a glass darkly. I had crawled along in the old rut so long and I had it down so "pat," that an effort in the direction of anything new, really exhausted me to consider it. I had been taught that Burggraave and his followers were homeopaths.

But to return to my conversion: I was handed an ALKALOIDAL CLINIC, together with a copy of "useful hints to the busy doctor" (why has the publication been discontinued?) by my friend Dr. Eads of Foster, I. T., with a request that I read the same carefully. I read them casually and incredulously, but before I had finished, the truths contained in them, backed up by the reports from old friends, among whom were men of my own class in college, quite naturally impressed themselves on me in spite of my prejudices.

Continuing, I read, jugulation of this disease, aborting of another, etc., among them typhoid fever, pneumonia and other diseases of like severity in their nature. I wasn't born in Missouri, but I was like Dr. Dodds—I had to be shown. In order to satisfy my curiosity (thirst for knowledge) I subscribed for the CLINIC, and received as a premium a twelve-vial pocket-case filled with my selection of granules, among which was the Defervescent Compound. I carried said case for at least a month, along with a pair of Marshall's saddle-bags; never once opened it, for fear that some of my

regular brethren would hear of it, and "dub" me homeopath.

But one day while returning home from the postoffice (without my saddle-bags (drug-store), I met a boy whose horse was a complete foam of perspiration, and who greeted me with about these words: "Doc., for the Lord's sake go over to our house just as quick as possible. My little brother has been given up to die by two doctors and father has sent me for you. Don't spare horse flesh, if you kill your horse father will pay you well for him."

I sent the boy to my home for my bags, while I rode about as quick as the horse could carry me, with visions of a large fat bill and an empty stomach.

I found the patient, a boy, 12, puny and emaciated since 5, in fact was nothing more than a skeleton. I could see at a glance why the other two doctors had refused to take the case; temp. 105.2, pulse 142, if it could be counted, because it seemed only a weak trickle with that peculiar cardiac thrill, tympanites, typhoid rash and gurgle, pea-soup passages with that odor so characteristic of the disease, semi-consciousness, muttering delirium, and a family history of typhoid which clinched the diagnosis, as his mother and sister had died of the disease, one month and fourteen days before, respectively, and the other two doctors had also made a diagnosis of typhoid.

Did I give up the case? No, not by a jug-full.

As I have said before, I had just finished a successful career in the U. S. Army, where I had learned never to give up hope even when the heart stops beating, but stick to my guns until signs of rigor mortis presented themselves.

Bronchitis: Acute: Myrrh is too valuable an agent to be neglected. It dries up redundant secretions. Myrrhic acid q. s.

Bronchitis: Acute: Thymol is probably the best of the group for correcting fetor: give enough to do the work.

How often do you read of a temporarily paralyzed heart being made to perform its duty properly, and thereby adding another life saved to the already long list of the physician.

What was I to do? That condition had to be relieved, and at the same time waste no strength or vitality. Common-sense told me that he could not possibly live two hours longer in his present condition. To bathe him would only be running at fearful odds in the race for life. I opened my case of alkaloids and used the following treatment: Glonoin, backed up with atropine as a starter; Defervescent Compound No. 1, one every half hour until midnight, temp. 101.1. When the fever came down to 103, I put him on calomel and soda bicarbonate each gr. 1-4, together with nuclein granules two every half hour until stools changed to dark green, then followed with Saline Laxative. I then used W-A Intestinal Antiseptics, backed up by strychnine arsenate, until the passages were free from odor. I staid with him till 12:45, then temp. 100; put him on quinine sulphate to saturation. Called again at 4 p. m. next day, and temp. was 99.1; kept up quinine and Intestinal Antiseptics to saturation, also nuclein.

Two days later, fever all gone; reduced dose of quinine, kept up nuclein and dismissed case.

I removed a tape-worm from this boy two months later; bill still unpaid but boy hearty and robust.

Case 2. Man, 37, typhoid symptoms, temp. 104.2, ill two days. I ran the fever down with my old stand-by, the Defervescent Compound, and then held it down with quinine while we gave the "sluice box" a good scrubbing and dis-

infecting with calomel, Saline Laxative and Intestinal Antiseptics; patient recovered on fourth day.

Case 3. Daughter of case 2. Diagnosis, typhoid fever. Convalescing on fifth day.

Case 4. Grandmother of case 3, aged 65, ill five days, out of bed on sixth day; cooked breakfast, relapsed, was down eight days with typhoid pneumonia, made an uneventful recovery.

Now, gentlemen and brethren of the medical fraternity, I have only gone into the details of the foregoing cases in order to prove to the most skeptical that typhoid fever can be aborted. The patients themselves are living and undeniable testimony to that effect. That the cases were typhoid there is no possible doubt, unless the microscope reveals untruths; as I have mounted specimens of all the cases; that they were aborted or jugulated you may judge for yourself. And I hope to see the day (I am a young practitioner) when a case of typhoid will be considered by us as of no graver import than a case of headache. If we will only stick to the doctrine of "clear up, clean out and keep clean, both inside and out," in typhoid, and combat the disease in its incipency before the bacillus typhosis and Peyer's patches have a chance to become an obstacle, and not wait until the disease has destroyed the strength and vitality of our patient, before clearing our ships for action, we will be more successful as physicians and the laity will look upon us as a boon to suffering humanity.

There is one thing we all should learn: Because the masses of the medical fraternity are following up a certain line of treatment in a certain disease, it does not necessarily follow that it is the best, be-

Bronchitis: Acute: To quiet irritative cough, the cyanide of zinc represents the virtues of prussic acid in the best form.

Bronchitis: Acute: Myrtol represents the virtues of bay rum, as good for mucosa as for skin; give enough to do work.

cause it is the most popular. And our diplomas founded on what we have learned from text-books, will not help us one bit to make ourselves progressive physicians, and to keep out of ruttiness.

Let us all put away our gowns of allopathy, homeopathy, dosimetry and what-

not, treating our cases with medicines instead of systems. Such will be my plan hereafter, as I believe that it takes all the systems combined to make us true practitioners of medicine.

Doyle, I. T.

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### BUFFALO LITHIA WATER AS A SOLVENT.

By J. Simonides Grant, M.D.



ONLY such natural waters as possess therapeutic properties far above the ordinary, break the bound of local environment and find their way into the outer world. And the extent to which such spread or popularity may go, is a fair standard by which to gauge the therapeutic merits of a natural mineral water.

Measured by this standard Buffalo Lithia Water is far ahead of all other medicinal waters in the estimation of the medical profession, not only is it known and prescribed by many physicians throughout all the Americas but it is also used in many foreign countries.

It was first brought to my notice by Dr. J. S. Todd, Professor of Materia Medica and Therapeutics in the Atlanta Medical College, in consultation in a severe case of pneumonia. Prof Todd suggested milk and Buffalo Lithia Water equal parts, alternated with equal parts of whisky and Buffalo Lithia Water, every hour or two, *pro re nata*. I adopted his treatment with the most gratifying results and it has been to a great extent a regular routine with me ever since. Under this treatment I always find a decided lessening of the febrile movement which I attribute to the pronounced

solvent influence of the Buffalo Lithia Water on the kidneys. It undoubtedly stimulates these organs and increases their power of eliminating toxic elements from the blood.

In acute albuminuria of pregnancy experience has taught me to regard the solvent properties of Buffalo Lithia Water as a specific. It is my practice to guard my patients against this too frequent complication in pregnancy by a timely use of this water. I have them drink it freely from the beginning of the sixth or seventh month to its conclusion. This treatment, with proper regulation of diet and proper hygiene, insures a safe and easy delivery and leaves the patients in proper condition to meet all the requirements of motherhood.

If, however, the albuminuria be pronounced and persistent, as is frequently the case when I am called in the last few weeks of pregnancy, I push the water to the limit, allowing my patient as much of it as she can take without positive discomfort. Its solvent properties rapidly eliminate the urea and other morbid elements from the blood, and relieve vomiting and other symptoms of gastrointestinal disturbances. There is also a rapid diminution of the intensity of renal inflammation, a promotion of resolution



Bronchitis: Acute: For irritative cough give zinc cyanide gr. 1-67 every half-hour or so till the effect is secured.

Bronchitis: Acute: The combination of zinc cyanide with codeine and apomorphine or emetin meets the early indications well.

and restoration of the secretory functions.

In severer cases, where there are pronounced symptoms of uremic poisoning, coma or eclampsia, the intravenous administration of Buffalo Lithia Water, with sodium chloride added, will frequently save the life of the patient, even when all other remedies and measures have failed.

And this reminds me that on account of its absolute purity and smoothness, it is a most desirable menstruum for the intravenous administration of saline or normal salt solutions wherever and whenever indicated or necessary.

The therapeutic value of Buffalo Lithia Water in so-called skin diseases cannot be over estimated. I say "so-called" because I regard this class of ailments as symptoms rather than diseases. They are usually indications of defective metabolism, or functional derangements of certain vital organs. This statement is supported by no less an authority than one of our most famous dermatologists, Prof. Geo. Henry Fox, who says that this class of ailments belongs to the domain of the general practitioner.

But it is in that class of skin lesions, such as the eczemas, acnes, erythemas, etc., due to an uric acid diathesis that I have found the solvent properties of Buffalo Lithia Water of the greatest value. That it neutralizes and eliminates this acid all physicians who have used it and carefully noted its results (by urinary tests, etc.) are agreed. And it is logical to suppose that this result is largely due to the fact that by its solvent power this water materially increases the metabolic forces, and prevents the contributory or prime cause in skin lesions. In other words Buffalo Lithia Water not

only removes the cause in this class of ailments, but it also eliminates (through the kidneys and other excretory organs) the debris or toxins which are invariably present.

The same theory applies to its therapeutic solvent effects in rheumatism and gout; the former supposed to be due to an excess of uric acid, the latter to too much lactic acid. The extraordinary value of this water in both these affections is attested by a large majority of cures, after other methods had failed. Buffalo Lithia Water also gives most excellent results in neurasthenia or nervous prostration; more especially when that condition is due to mental strain or over-work.

In diseases of the alimentary tract, such as gastritis, acute and chronic, intestinal indigestion, colitis, etc., this water gives much satisfaction. It prevents the formation of noxious gases and inhibits the development of toxic organisms.

I have also found it equally effective in diseases of the urinary bladder and its mucous lined connections. The great solvent properties of Buffalo Lithia Water prevent the formation of renal or urinary calculi and also greatly facilitates their disintegration and expulsion if already formed.

Its solvent and eliminating properties seem to be due to the peculiar combination of the lithium and other alkaline carbonates which it contains, making it the most powerful solvent of uric acid, of which we have any knowledge.

Not only is uric acid the nucleus of such formations, but it also enters largely into the various layers of their superstructure; a fact which accounts for the rapid solution breaking up, dis-



Bronchitis: Capillary: Eucalyptol is a good stimulant for low states and feeble capillary circulation, after fever.

Bronchitis: Capillary: Mercury iodides are useful in the declining stages to clear out the remainders of exudate.

integration and elimination of such formations under its administration. In like manner this water seems to dissolve and eliminate the lacto-phosphatic deposits peculiar to gout.

The tonic and solvent effects of Buffalo Lithia Water seem to be due to the fact that its composition is approximately that of the serum of the blood (Shoemaker), therefore it becomes at once identical with the blood, and is more easily assimilated.

In conclusion I desire to impress upon those who have failed to obtain satisfactory results from the employment of this

water, and those who have not given it a trial in practice, one important fact, and that is, that the water must be taken regularly and systematically and for a reasonable length of time to insure its full effect and obtain the best results.

In chronic conditions of long standing the metamorphosis has, as a rule, been slow and extended over a considerable period, therefore it stands to reason that Buffalo Lithia Water must be taken for a corresponding period to secure its full therapeutic effects.

New York, N. Y.

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## PREVENTIVE MEDICINE: ITS FUTURE POSSIBILITIES AND DUTIES.

By G. Trevette Bodfish, M. D.

### PART SECOND.



IGNORANCE of the laws of alcoholic stimulants and less disease and health and the laws of one's own being is another cause of disease. To overcome this ignorance and as supplementary to the public schools, there should be free lectures to the people upon hygiene and elementary physiology in its application to the wants of daily life. \* \* \* Cooking schools should be established and maintained by the State, from which all candidates for matrimony and those who are to enter domestic service, should receive a certificate of proficiency in domestic cookery, unless otherwise trained at home or in a private school. Adulterated foods and poor cooking are also causes for disease, and especially is the latter one of the causes of intemperance. If servants and the wives of laboring men knew how to cook eatable and digestible foods, there would be less craving for

crime.  
All foods offered for sale in bakeries and groceries should be constantly inspected to see that they are up to the required standard in purity and nutritive value. Too little attention is given by some people to the quantity or quality of their food. Proper nutrition of the body is necessary to maintain health. Anything that interferes with this supply lowers the vitality and disease results. Improper methods of cooking, the use of adulterated foods, diseased meats or decomposed fruits or vegetables and contaminated milk, are some of the causes which produce indigestion and consequent malnutrition.

At meal hours it is necessary that one should have a proper supply of fresh air and congenial companionship. Conversation on disagreeable subjects should



Bronchitis: Capillary: The inhalation of air well charged with steam is an exceedingly useful remedy in all cases.

Bronchitis: Capillary: Notable results have been reported from the use of iodized calcium gr. v every ten to twenty minutes.



not be allowed; neither should one eat too heartily when suffering from great fatigue or depressed by grief. When so many conditions are necessary for the supply of proper nutrition to the body, what wonder is it that the majority of people have indigestion or dyspepsia? If, under the most favorable conditions, people have dyspepsia or other interferences with nutrition, what can we expect of the masses of ignorant people who do not know the meaning of a properly cooked meal, eaten amid proper surroundings and under hygienic conditions?

We have seen—among the lowest classes it is true, but among the classes whence originate our worst diseases—children sitting on the floor amid filth and squalor, eating bread and garbage gathered from their neighbors' garbage barrels; men, women and children eating in a room that served the threefold purpose of dining-room, sleeping-room and water-closet. Can we expect anything else but filth diseases and crime from such conditions as these? Words fail to depict the horribleness of the poverty, degradation and misery of the slums as we have seen them in many of our large cities. We hope the time is not far distant when it will be considered a crime against humanity to allow such conditions to prevail.

There is work here surely for Preventive Medicine. A vast field, but the workers are few. Individual efforts can accomplish but little. What is needed is the organized, combined efforts of the medical profession, supported by the authority of the State Board and State government.

We are supposed to have regulations in regard to the slaughter of diseased

animals and the sale of diseased meats; but like many of our laws these are not always enforced. The public should look after the enforcing of these laws and should investigate all failures to do so. Any animal suspected of disease about to be slaughtered, or any meat exhibited for sale that appears suspicious, should be reported at once to the proper authorities. The adulteration of sugar, maple syrup, baking powder and other articles of food, should be continually inspected by a State chemist who is above bribing. These inspections should be at stated intervals and so arranged that the manufacturers cannot know when the inspection is to be made and therefore substitute the pure article. Baker's bread and cake should be tested as to weight and the presence of alum and ammonia. The culinary department where the baking is carried on should also be inspected as to cleanliness and other hygienic conditions. The inspection of all foods should be under the authority of the State Boards of Health and in the charge of men of unquestionable honor and integrity, so there could be no chance for the public to be defrauded of their right to purchase foods of the highest nutritive value and purity.

In the cooking schools already spoken of, there should be classes for the wives and daughters of laboring men, and for all those who have been otherwise deprived of proper instruction at home. These schools should be conducted by women who have had skilled training in domestic science and hygienic cooking. They could be made self-supporting by supplying food to families who do not keep servants.

When we realize the great importance of proper nutrition for the body, and



Bronchitis: Chronic: Iron, quinine and strychnine arsenates do well as tonics for emphysematous and spasmodic cases.

Bronchitis: Capillary: Specially dangerous to very young and old. Be on your guard from the first day to the last—and afterwards.

when we see how impossible it is for the poorer classes to have this, can we wonder that they are half-starved and therefore become an easy prey for disease? When we take a survey of the surroundings of the lower classes—when we learn more about their hardships and see how utterly impossible it is for them, through their own efforts, to break down the barriers of poverty—do we wonder that they should know so little about themselves and the requirements of their bodies? *It is utterly impossible under existing conditions for them to know more than they do, or to lead any better lives.* Is it not in our power to aid in the removal of these conditions, and to help them to a better understanding of Nature's laws and the penalties imposed on all who break them?

Our marriage laws need a most thorough and scientific re-modeling for the benefit of future generations and the present happiness of mankind. Now it happens that anybody can marry anybody, and several anybodies at the same time. He may be insane, or an idiot, or possibly a criminal. He may not own the clothes he stands in—possibly borrowed the marriage fee. He has no trade, business or occupation, but he may marry. Possibly some one as shiftless and good-for-nothing as himself—but he has the right to be a man and to gratify his manly (?) nature, therefore he gets married.

What is the result? Several imbecile or diseased children are thrown upon the world, for either the State or the various charities to support. Man and wife separate probably, or get into jail to be a burden to the State.

What is the remedy? All male applicants for marriage should possess a neat

little sum in the bank, sufficient for future needs according to their station in life. The man should have a trade, occupation or some visible means of support, and it would be wise if the woman also had something substantial to fall back upon in the way of money or a trade. But at least one party to the contract should have a business, otherwise the license should be withheld.

For further improvement of the human race we should prohibit the marriage of those suffering from any venereal disease, consumption or cancer. No criminal, imbecile or insane person, should be allowed to marry, nor persons who are the victims of chronic alcoholism. All candidates for matrimony both male and female should pass a physical examination by a State physician, who should be elected to this office by the State Board. All successful candidates should be given instruction as to the marriage state—the relation each bears to the other—the duties devolving upon each to the other—advice as to the conduct during the pregnant state—the future care of the child, and numerous other points that the wise physician will think of at the time.

When our marriage laws are changed, no longer will we see children born into the world a mass of corruption; there will be fewer deaf, dumb and blind children to appeal to our sympathy, and to be a living monument of reproach to their parents and to the indifference of a society which permits such suffering. Insane asylums and prisons will be converted into work-shops and philanthropic schools. Wives will no longer be led like lambs to the slaughter, to offer up their generative organs on the operating table.



Bronchitis: Chronic: For profuse purulent sputa give arsenic and calcium sulphides in doses to saturation.

Bronchitis: Chronic: Most if not all cases need lime; lactophosphate as a tissue builder for months in small doses.

When these changes are made in our marriage laws, when we show as much interest in the mating of human beings as we now exhibit in the mating of horses, dogs and other animals, and in the improvement and culture of flowers and fruits, then may we consider ourselves as being civilized—spiritualized—and something better than mere animals. When we shall have done all this, much in the way of prevention of disease will have been accomplished. Unless we do this and much more in the way of striking at the root of evil things, diseases will go on increasing in number and variety, as our civilization becomes more complex, and our life more luxuriant on the one hand and more depraved and vicious on the other.

One cause for disease among certain people is the careless way in which they use quack remedies or even physicians' prescriptions that have been used by a neighbor. As people become better educated, as they grow to have a more complete knowledge of hygiene and physiology, they will become less and less prone to use quack remedies or any medicine which has not been prescribed by their regular physician. We do not take as bold a stand in this direction as we ought, for fear of being misunderstood. If we cry out against the sale of quack remedies and the sale of drugs without a physician's prescription, there is a great hue and cry about our mercenary spirit from certain quarters. As if the time and labor we give to the public did not fully disprove this assertion!

One house which was visited a short time ago by the writer was overrun with quack pills which had been thrown in by a street vendor. The children had eaten these pills for candy and were all taken

violently ill. It is needless to say that that household will never allow quack remedies to cross its threshold again.

When we find fairly intelligent people using such medicines we ought to convince them of their error; less intelligent people we could not influence for they doubtless would suspect us of self-interest.

Against the sale of narcotics without a physician's prescription we ought to make a remonstrance. In fact no dangerous remedy or powerful drug should be sold over the counter of any drug-store without the prescription of a licensed physician. In some States the law in this direction is very lax, and in the very States in which we would least expect such gross carelessness. Not till the entire medical profession—regardless of school or sect—unite their efforts in this direction, can we expect any change. People will go on taking headache powders and die of heart-failure, or use powerful cathartics with resulting inflammation of the bowels. They will continue to contract the morphine habit or die from self-administered poison, so long as the law permits the sale of these articles without a prescription. Not till we educate the public up to a different idea of what is due to themselves will we succeed in eradicating this evil.

We should encourage the State to enforce a more rigid examination of all immigrants to our shores, and a more thorough quarantine in time of epidemic. There should be an International Bureau or Cabinet which should regulate all such matters. This Cabinet should confer with the medical boards of the various States, to see that all objectionable persons are debarred entering, and in time of epidemics authority should be given



**Bronchitis: Chronic:** For the dyspnea that occurs in strong patients give lobelin to cause slight nausea, then less.

**Bronchitis: Chronic:** Sanguinarine is the most effective of the stimulant expectorants; very needed in old persons.

the local boards to purify all vessels and harbors contaminated by suspected infection.

Subordinate to the State Boards there should be committees on Public Buildings, who should have it in their power to make and enforce laws in regard to the proper ventilation, drainage, heating and water supply of all our stores, factories, schools, colleges, churches and other places frequented by a large number of people. To-day we dare to assert there is not a properly ventilated building anywhere, or one in which there are not foul odors continually noticed by those frequenting it. Visit our large stores and factories and see how long you would like to stay in them. When you breathe the foul, dead air, do you wonder that the occupants return to their homes at night entirely exhausted from their days labors? Let the same amount of labor be performed in a room well supplied with oxygen, there would be no such depletion nor any undue feeling of weariness. True, there are many stores that use disinfectants—but these do not supply oxygen—they only mask its absence and deceive the occupants into believing that the air is pure.

Oxygen and the sun are the best disinfectants that we have, and it is a pity we cannot have more of them. Whoever went into a well-ventilated church? As soon as the congregation is out the doors and windows are all closed, to remain so until a short time previous to the next service. Doubtless the janitors would do better if they were so instructed, but who is to teach them?

We cannot very well boast about the ventilating facilities in our medical

schools. There is great room for improvement, as we all know. It is astonishing how fairly intelligent people ignore this subject of ventilation. We have seen several people sitting for hours at a time in a medium-sized room, without any visible means for the entrance of oxygen except that which forced its way in through closed windows; as for the CO<sub>2</sub> and animal effluvia these had to get out the best way they could.

We must teach people the importance of having better ventilation in their homes and elsewhere, and we cannot do it in any better way than by beginning in the public schools. We should make the instruction practical by improving the ventilation in these buildings as soon as possible.

The public should be taught the importance among other things of keeping the streets clean. The inspector of public health and public nuisances should see that all excrementitious matter is removed at once. All streets, alleys and back yards should be absolutely clean. No vacant lots should be used as garbage barrels, and it should be considered a misdemeanor subject to a fine for any one to prevent in any way the carrying out of hygienic laws. The cubic air ordinance should be enforced, for there are more diseases caused by foul air than at present we have any idea of. When our cheap tenement houses, in which families are huddled together like so many bees in a hive, are no longer a disgrace to our civilization, then we will have better morals, better health, greater prosperity and happiness.

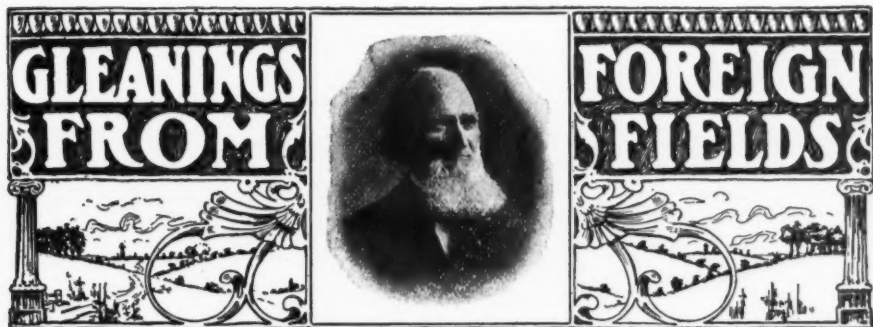
153 Mass. Ave., Boston, Mass.

(To Be Continued.)



Bronchitis: Chronic: Ampelopsin is a little known remedy recommended for profuse secretion with low sensibility.

Bronchitis: Chronic: Chelerythrin has been recommended for cases with sluggish mucosa and secretion collecting.



Translated by E. M. Epstein, M. D.

### VIRCHOW AND BORAX.

In the description of Virchow's sickness which W. Koerte left us (*Berlin Klin. Wochenschr.*, 1902, No. 43), there is a passage of great interest in the matter of the innocuous effects of borax. Koerte writes as follows: "When a vesical catarrh troubled him once transiently (he was never catheterized), he took borax, which he came to value very highly because of his experience with it in a former sickness. Urotropin helped him better."

In an article on the "Effects of Borax" by Liebreich, which appeared sometime ago, he referred to Virchow's observation on that remedy. He wrote in the *Berliner Klinischen Wochenschrift*, 1884, No. 1, as follows:

"When I saw before me this mass of crystals in the urine, my first thought was that an energetic alkaline regimen ought to help here. I rode home and on that afternoon I filled myself with a strong dose of sodium borate, took Carlsbad water next morning, and from that time on I never had a similar attack again. I continued with this alkaline regime for three months and up to this day I neither secreted pus nor albumin nor have I passed any casts, and my urine

is about as clear as that of a virgin. I can say that I was surprised myself at the acute change."

Virchow remained true to borax all his life and took it both to prevent arthritic attacks, and took it, successfully too, when he was attacked by it. Urotropin has as an energetic remedy outstripped borax in its effects. But in the treatment of chronic cystitic, catarrhal and intestinal disturbances, it should be remembered that we have in borax too, a perfectly innocuous remedy, which can be taken without injury year after year.

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### ARTIFICIAL FILLING OF OSSEOUS FOCI.

Prof. Dr. von Mosetig-Moorhof, of Vienna, Austria, demonstrated on December 2, last, a number of patients before the Association of Physicians in Vienna, on whom he operated for bone necrosis, the foci of which he filled with a composition to be mentioned further on. He then sutured the skin over the wound and allowed it to heal over it, while the foreign filling became, in a longer or shorter time, displaced by osseous tissue.



The filling consists of sixty parts iodoform, forty parts spermaceti and forty parts oil of sesame; these are melted together in a water bath at 212° F. and kept at that degree for fifteen minutes, then it is allowed to cool under constant stirring. The melting point of the composition lies between 104° F. and 123° F. but before the mass is put into the cavity of the bone it is brought up to 112° F. Prof. M. operated in this way with success on one hundred cases. The whole operation is as follows: A large incision is made through the soft parts, the periosteum is properly reflected and the diseased focus thoroughly cleared out down to healthy bone. The resulting cavity is then washed out with a 1-per-cent formalin solution, dried out with sterilized gauze and heated air furnished by a very handy hot air electrical apparatus. The cavity is then filled up slowly with the mass which solidifies in a few minutes. The displacement of the foreign mass by osseous tissue takes place at various periods, according to the size of the cavity, but the patient can go to work as soon as the wound in the soft parts heals.

One of the patients exhibited was a boy, from both of whose tarsi the professor removed tuberculous masses and filled the cavities with the mentioned mass, thus preventing the necessity of amputation.

Prof. Dr. Al. Fraenkel used for the filling a sterilized silicious earth (*Kieselguhr*) with success.

Dr. G. Holzknacht remarked that in the surrounding of the tarsi of the boy who was operated for tuberculous necrosis there was a high degree of bony atrophy. This occurs often in the sur-

rounding of quite insignificant osseous affections and is helped on by Bier's stasis.—(*Ibid.*, p. p. 38 and 39.)

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#### ABSENCE OF SPLEEN.

At the meeting of the same society on December 19, 1902, Dr. K. Sternberg demonstrated an anatomical preparation of abdominal organs from which there was a total absence of a spleen. It was taken from the body of a woman, 73, who died of pulmonary tuberculosis. The rest of the abdominal organs are all normal. There is no secondary spleen, nor any enlargement of the lymphatic glands. The splenic artery arises normally and gives off branches to the pancreas and then subdivides in branches, supplying the stomach and colon.—(*Ibid.*, p. 40.)

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#### "IONS," THEIR EFFECTS AND THERAPY.

Docent Dr. Pauli spoke on the above subject at the same meeting and said: "Studying the electric dissociation of salt solutions and the relation between albuminous bodies and salts, it is to be found that the effect of the salts on the albuminous bodies consisted of two components; the effect of metallic ions and of acid ions. These act antagonistically, the metallic ions precipitate albumin, while the acid ions prevent such precipitation and respectively restore precipitated albumin. The ions can be ordered serially, according to the strength of their effects, in a metal series and an acid series. The author worked specially with the strongest member of the latter, the rhodanic combinations. These show resemblance

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Cachexias: Hydrastine is useful when there is a hemorrhagic tendency and hence goes well with iron and manganese.

Cachexias: In malarials berberine contracts the enlarged spleen; give a grain a day and up, for months till effect.

to iodine and bromine combinations, they produce rhodanic nasal catarrh and acne, but do not affect the thyroid gland. The experiments showed that the rhodanites act sedatively and reduce the blood-pressure. The continual exhibition of one gram rhodan sodium calmed the neuroses and other nervous diseases of the excited nervous system and mitigated pain. In angiosclerosis and aortic insufficiency and chronic nephritis the blood pressure became reduced about 20 to 30 per cent and the annoying side phenomena too disappeared. Luetic headache too disappeared under the use of rhodan sodium. Gastric discomfort was never observed from the medication and it is not contraindicated in albuminuria.—(*Ibid.*)

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#### HEMATURIA IDIOPATHICA.

Leonard Guthrie observed twelve cases of that kind, eight of whom were first cousins. This form of hematuria is distinguished by its hereditariness in families. It can last for years with occasional intermittences. The blood may be macro, or only microscopically observed. There are light fevers, headaches, nausea, vomiting, pain in the loins, coming on from colds or after eating asparagus, gooseberries, or other food, or after medicines as rhubarb. These affections come on very suddenly, last more or less time, rarely more than a week. Nephritic phenomena are here never observed. In the urine sediment are only blood cylinders, never hyaline, few crystals of oxalate of calcium, and uric acid. These patients are not hemophiles. The cause of the disease may be a congenital weakness, or a varicose condition of the blood-vessels,

which gives rise to renal hemophilia. It may be, too, that in some of these cases there is an angioneurosis, and the affection may be listed by the side of cyclic albuminuria.—(*Ibid.*)

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#### DIONIN, SUPRARENIN AND IODIPIN IN OPHTHALMOLOGY.

DIONIN. A few seconds after instilling this opium derivative into the eye there ensues first hyperemia, then comes oedema of the eyelids and conjunctiva, so that the cornea appears circumvallated. The pain is slight and passes off quickly and all the phenomena are over in one or two hours. Immediately after instillation the blood-vessels dilate followed by an enormous dilation of the lymphatics. The diffuence of the blood stands in no relation to the increased affluence of it, which causes the transudation into the surrounding lymph-spaces. The effects of the remedy become weaker soon, and a 5 per cent solution is not too strong, so that soon the remedy can be used in substance. The effect does not last over a week's time and what is not gained in this time cannot be gained in any more.

Rabbits, guinea pigs and mice are not affected by this remedy, but dogs and horses are, as human beings. Some individuals are very refractory to its influence. It is possible that here is a local serum in question. The remedy is indicated in effecting rapid absorption of inflammatory products, and serous exudations, and to produce a protracted anesthesia. But the latter is not very intense and is not always produced by this remedy. Darier of France thinks the remedy acts lamingly on the peripheral nerves; he advises to begin with a 2 per cent

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Cachexias: The properties of arnicin deserve a careful study. Give two grains a day for several months.

Cachexias: Arnica stimulates the mucous membranes and the central nervous apparatus; give gr. j three or more times a day.

solution and rise to higher percentages. Others again begin at once with a 10 or 20 solution.

The therapeutic effect of dionin is best seen in iritis, especially when the pain is great. In cases where atropine had no effect there after instilling of dionin the pupils dilate inside of three hours, the pains cease and the synechia tear.

The remedy acts excellently in keratitis parenchymatosa in clearing up recent turbidities. Luniewski believes to have succeeded with this remedy in turbidity of the vitreous body and in detachments of the retina, which, however, is denied by others.

In episcleritis and glaucoma the remedy acts as a pain calmant.

SUPRARENIN has just the opposite effect of dionin. It makes the conjunctiva pale in a few seconds and is therefore used in congestive states of it. It is recommended as an adjuvant in the treatment of acute conjunctivitis especially acute trachoma. It is recommended for its pain calming in episcleritis and for its anemic effects in light operations on the eye as tenotomy or chalazion. Von Gross thinks that suprarenin is not prepared alike in all laboratories and this would explain the different effects obtained from it. Thus the article from Hoechst produces burning in the conjunctiva, which is not the case with the article made in Lyons.

The adrenalin prepared by Jokichi Takamine surpasses by far suprarenin in its energetic astringent effect. Bukofzer says that one drop of a 1-100 per cent solution will produce a complete anemia of the bulb and lids in one minute. It is curious that the remedy has no diffusive

effect on a habitually hyperemic mucosa, the effect remaining close to where the remedy is placed, and does not extend in the course of the blood vessels, nor deep into the tissues. The adrenalin comes in commerce as solutic adren. hydrochl.

IODIPIN, a 10 per cent solution of iodine in sesame oil, has been tried by Naegeli after experimenting with it on animals, as a subconjunctival injection in eight cases of scleritis, keratitis, choroiditis and neuroretinitis. In the cases of scleritis and keratitis, the remedy was especially satisfactory after other remedies were of no avail. The injections were made every third and eighth days, 0.2 to 0.3 of a 10 per cent solution of iodipin.

Schmeichler tried the iodipin in three cases and found it very useful in causing absorption of inflammatory products, but the injections have to be continued for months before a complete absorption is effected. One drawback of this remedy, especially in women is the yellow discoloration which it leaves for months. When the injections are made often in an eye the remedy shows its coloring effects in the skin as yellow chloasma-like spots, which disappear after some time. (*Ibid.* No. 2, p. 96).

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Dr. Rea, of Chicago, has found adrenalin solution effective in the treatment of acute coryzas. He applies the remedy as a spray. The effect lasts about half an hour, and by repetition becomes permanent. It is a question whether this potent vasomotor contractor may not prove specially effective in influenzal attacks, in which vasomotor relaxation is so pronounced a feature.

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Cachexias: Gold iodide gr. 1-12 three times a day, for cancerous, syphilitic and scrofulous forms, cautiously but persistently.

Gall-stones: Relieve the atrocious pain by atropine gr. 1-134 hypodermically, repeated in a quarter-hour if necessary.

# Miscellaneous Articles

## ACONITINE AMORPHOUS.

After two years observation and personal experience with amorphous aconitine I have come to the conclusion that it is not as a rule given in sufficient doses to do that which is required of it. I have found that to reduce a temperature of 103 in a reasonable time you must give it in doses of gr. 1-67 every fifteen minutes for six to twelve doses; then every hour or two. If it is given as above you may expect a reduction of from two to four degrees in one to three hours. In some cases it has gone to normal; when this is accomplished you can usually keep it down by a dose every hour or two, but if it should rise again to 103 or more aconitine must be given in fifteen-minute doses as at the beginning. If this method is followed you can always break up a temperature of 103 or over in three or four days, so that you can dispense with the aconitine altogether. Of course you must use your own judgment and examine into the condition of the heart. In most cases I give it in the form of the Dosimetric Trinity, which is a safe way to give it; and you need not worry about giving an overdose, as I have treated over 100 cases by this method without any evil effects.

My little girl being taken with scarlet

fever I have been giving her the following dose (temp. 103.5, age 5 years): Dosimetric Trinity granules 10, water 3 oz. Sig: Gave a teaspoonful every fifteen minutes until ten doses were taken and at the end of two and a half to three hours her temperature was normal. The next afternoon at 1 p. m., temp. 102.5. I ordered one teaspoonful every fifteen minutes for ten doses; temperature normal in two hours. Stopped medicine until next day at 1 p. m., when her temperature was 102; then gave her one teaspoonful every fifteen minutes for eight doses; temperature normal in one and a half hours.

The next day temperature went to 101; ordered one teaspoonful every fifteen minutes for eight doses; in one hour temperature was slightly below normal. Following this she had no fever for five days, when on the afternoon of the ninth day temperature went up to 102.5; ordered medicine as before, one teaspoonful every fifteen minutes for ten doses, when temperature went down to normal in three hours; after this her temperature was never above normal, and with the addition of calcium sulphide and Saline Laxative she made a complete recovery, not having any complication excepting a

sore throat, which I sprayed with equal parts of Listerine and hydrogen dioxide.

Another case of tonsillitis in a girl, 18, temperature was 103.5. I gave Dosimetric Trinity granules 24, water 3 oz.; one teaspoonful every fifteen minutes for twelve doses. At the end of two and a half hours temperature had not moved, so I ordered it to be continued all night every fifteen minutes; when I called next morning temperature was 103, having only dropped one-half degree, when I gave the following: Dosimetric Trinity granules 50, water three ounces; one teaspoonful every fifteen minutes for twelve doses; at the end of three hours, temperature was 101; continued medicine every hour.

Next morning after the hourly doses temperature was 100, so I continued the same for the next three days, when temperature was 99. Ordered medicine continued every two hours, and in twenty-four hours temperature was normal.

In a case of bronchitis in an adult, I had the same experience after increasing the doses as in the foregoing case. The temperature dropped from 103 to normal in three days.

I could mention fifty cases such as the foregoing ones, and therefore I have come to the conclusion that the standard granule dose should be gr. 1-67 instead of gr. 1-134.

I am sure that many CLINIC readers have had the same experience as I have had, and hope they will report, so we can settle the exact dose of amorphous aconitine, as so many have complained of it not giving satisfaction when administered in the doses set down in Shaller's Guide. Therefore I am convinced that if the granules were put up in 1-67-grain doses and were then given as per Shal-

ler's Guide, results would be better and more satisfaction to both.

W. F. RADUE, M. D.  
Jersey City, N. J.

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We have had a number of similar experiences, and frequently give aconitine a granule every five to twenty minutes. But in such cases we have gotten in the habit of giving veratrine, or the Defervescent instead of aconitine alone, valuing very highly the effect of veratrine in unlocking all the eliminating organs. However, in many cases we still find the ordinary dose of aconitine sufficient, and would not advise a change. Besides, so many of these granules have been used that the profession has become accustomed to them and it might be productive of serious trouble were the strength to be doubled.—Ed.

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#### ASTHMA.

I think I can score one on the alkaloids this time. I was called to see a woman, 34, four children, with history of asthma for eighteen years standing, and also of trying all kinds of doctors without relief except one some years ago.

I found her propped up in a chair beside an open window, gasping for breath, and you could hear the wheezing all over the room; pale and cold, with history of having swept the rooms the day before and inhaled all the dust.

I gave her hot water to make her vomit, then glonoin enough to flush the skin; then into a glass of water I put a granule of hyoscyamine gr. 1-250, and strychnine arsenate gr. 1-134, and gave them every ten minutes. In forty-five

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Gall-stones: With atropine and glonoin give strychnine gr. 1-67 to tone up the affected tissues and enable them to resist noxæ.

Gall-stones: The fearful pain is due to spasm of the gall-ducts and requires the prince of antispasmodics.



minutes she was relieved, when she said: "Oh, Doctor, I am so glad. You relieved me quicker than any other doctor I ever had."

I had her call on me, and gave her hyoscyamine and glonoin to take when she felt the attack coming on, and pushed the strychnine arsenate gr. 1-30 up to two every two hours. In three weeks' time she had three attacks, where before she had had three attacks a week.

I saw her last week for some other trouble, and she said she had not had an attack of asthma for six months. She said: "The homeopathic doctor can cure asthma." She thought the granules were homeopathic.

I forgot to mention that I cleared the bowels with calomel followed by Epsom salts.

J. BENNETT, JR., M. D.

Philadelphia, Pa.

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Asthma is a pleasure to treat by the alkaloidal method.—Ed.

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### BRADYCARDIA.

Dr. Herbert's report of slow pulse in typhoid fever reminds me of a case I treated last October. A farm hand, 21, had had chills some days, but continued cutting down corn though it strained his back. Quinine did no good. Grove's Chill Tonic had no effect.

I found a temperature of 102.5, pulse 90, tongue dry and coated, foul breath, constipated, right iliac gurgling, no bloating but strong pulsation visible above and to right of umbilicus, where a lump could be felt and seen. This spot was very tender. Pain over bladder, passing but a few drops of burning urine. Catheter

brought away four ounces thick, high colored urine, s. g. 1032, decidedly acid, no albumin, plenty phosphates. Patient much emaciated and exceedingly nervous. The suppression contained thirty-six hours before yielding to treatment.

On my next visit the pulse had fallen to 74, fever still above 99, and while ranging from 98 to 103 the pulse was from 58 to 72, but full, regular and strong. The strange part was that when the fever was highest the pulse was lowest. The attack lasted three weeks before convalescence set in, and complete recovery. At no time could I find any heart lesion or anything to account for the slow pulse.

Why do physicians persist in using the term typho-malaria when standard writers say there is no such disease?

E. C. HUDDLESTON, M. D.

Withers Mills, Mo.

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Although it is admitted that there is no hybrid of malaria and typhoid, we recognize that there are cases of fever that do not correspond to the descriptions of either; and as they occur in malarial latitudes it is convenient to have a distinctive title for them. It doesn't much matter; the names of diseases are merely conveniences anyhow, and the ideas connected therewith change repeatedly. Witness the word "hives," which may stand for varicella, erythema nodosum, urticaria, croup or pneumonia.—Ed.

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### APOMORPHINE.

Acid solutions of apomorphine will not turn green or precipitate. If the acid is added after the solution has turned green, it will prevent further change.

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Gall-stones: All hot stimulating drinks and all antispasmodics have a beneficial effect in absence of atropine.

Gall-stones: When the stone escapes the morphine is unopposed by pain and fatal narcotism is imminent.

I use a few drops of acetic acid, lemon juice or vinegar. This when sweetened makes a very palatable preparation.

R. H. PAXTON, M. D.

Florence, Colo.

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Apomorphine is the most powerful of expectorants and not nauseating when given by the mouth. The granule form is satisfactory.—Ed.

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### BRIEFS.

Try apis for urticaria with stinging sensation; you will find it of much value. Homeopathic.

Pulsatilla or anemonin is fine where pains are slow in obstetrical work; will bring on the pains much better than quinine.

Anemonin or pulsatilla 2x will bring on lochia where it has checked from cold.

Barber's itch: Use mercurial ointment and ichthyol, *p. a.*; apply and leave over night. Wash with tincture green soap; forty-eight hours will cure.

Vomiting caused by veratrum can be checked at once by giving small doses of paregoric.

Blood in bladder: When blood is coagulated in bladder inject bicarbonate of soda; this will soon dissolve all clots.

Carious spine: Use a hot towel along the spine; the patient gives way as soon as heat reaches the part that is carious.

Dandruff: Resorcin, salicylic acid, each one to two drams; glycerin, ten to fifteen drops, alcohol dilute *q. s.*, to six drams. Mix. Direct: Apply to scalp every morning.

Hoarseness in singers is removed in

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Bronchiectasis: When decomposing secretions render the sputa fetid, give eucalyptol, menthol thymol or myrtol, enough.

twelve hours by giving three or four doses of dilute nitric acid.

Swallowed coins, pins, etc.: I got this from the *Medical World* but it is fine. Use slippery elm bark (fresh), chew and swallow; this will form a coating over any foreign article in the bowel. Do not give cathartics or liquid diet.

Lead colic where pain is great in the bowels: Olive oil in quarter glass doses.

Ophthalmia neonatorum: Use Argyrol 20 to 25 per cent, no irritation. Use a saturated solution boric acid, hot, every half hour, and apply the Argyrol twice a day.

Aphonia, frequent menses, tuberculosis: Calcarea carb. 3x, and phos. 3x, two grains each t. i. d.

Crateagus oxy., 2 to 10 m., is fine in angina pectoris and many heart troubles.

W. W. H., M. D.

—, Ohio.

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One does not require much space to convey a valuable thought to another.—Ed.

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### BRIEFS.

Aspidospermine: Asthma, dyspnea, spasmodic croup, dyspnea from valvular heart disease, short breath, panting respiration.

Picric acid: Asthenic albuminuria; brain fag; lassitude, nervous and muscular; gr. 1-100th.

G. W. SHERBINO, M. D.

Abilene, Texas.

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### BRONCHO-PNEUMONIA.

I am only a beginner in the use of alkaloidal medication, but wish to give you

Bronchiectasis: To repair waste and give strength to weak cell walls, give calcium lactophosphate gr. v. daily, divided doses.

my experience with it after a trial of one year in the treatment of broncho-pneumonia.

**Definition:** An acute catarrhal inflammation of the alveoli and bronchioles of the lungs, characterized by cough, copious expectoration, fever and great depression.

**Causes:** They are numerous, but I believe, the most common is exposure, and following the eruptive fevers especially measles and whooping-cough. Bacteriologically speaking there is more than one germ, but we country doctors don't look for them. The main thing is the pathology which will give us an understanding of the case, which will now be discussed. There is hyperemia of the mucous membrane of the bronchi extending to the connective tissue of the bronchioles, arterioles and alveoli, accompanied by an abnormal secretion thereby filling the bronchioles and air-cells with yellowish, creamy mucoid material. The walls of the bronchial tubes become thickened and the caliber dilates.

**Symptoms:** We are all familiar with them. I will call your attention to the acute variety of which I am now speaking. The onset is gradual by a rise of temperature to 102 or 103 F., and is remittent in character with rapid, laborious and shallow breathing. The expiration is prolonged and noisy while the inspiration is short and imperfect, pulse from 100 to 120 or more. The cough now becomes short, hacking, dry and painful, but soon followed by a muco-purulent expectoration; bowels somewhat loose, urine scanty and high colored, the surface covered with perspiration, appetite impaired. The disease would prove fatal in a short time if it attacked feeble children and the aged. Resolution occurs by

lysis, weeks before complete recovery in many cases.

We have subcrepitant rales; the breathing now becomes moist as the disease progresses, the rales become longer and more copious.

**Sequels:** If we have collapse of the lobules emphysema of the lungs will follow. If resolution does not take place at once we may have pneumo-phthisis as a result.

**Diagnosis:** A careful study of the symptoms will be sufficient to differentiate from croupous pneumonia, acute tuberculosis, oedema of the lungs, etc.

**Prognosis:** The text-books will tell you that one-half terminate fatally, but under the treatment I have employed for over a year this has not been the case, I am glad to say.

**Treatment:** As soon as diagnosis is made, I put my patient on aconitine gr. 1-134 every twenty minutes, until fever falls one or more degrees and pulse softens, then every hour to hold it there. I try and keep the pulse at about 80 or 90. I use Antiphlogistine and a cotton jacket from the beginning. I spread the Antiphlogistine on pretty thick and warm, covering the entire thoracic cavity, and remove in about thirty hours and repeat if there is any pain. From the beginning I give Bronchiline 2 oz., ammonium muriate 1 dram. Direct: One teaspoonful every two to three hours.

I sometime use the following with good results: Emetin as an expectorant, and codeine for pain.

For the bowels I use the following until I am sure there is nothing left in them: Calomel gr. 3, podophyllin gr. 1-6, soda bicarbonate gr. 3. Mix. Direct: Take one powder every morning until bowels are empty, and follow



**Bronchiectasis:** For the attacks of dyspnea that are apt to occur any time, give aspidospermine gr. 1-67 every hour.

**Bronchiectasis:** The collection and retention of sputa must be prevented by giving sanguinarine enough to free the tract.

up with the sulphocarbolates. Give a nutritious and easily assimilated diet from the beginning, and when convalescence is established give strychnine arsenate gr. 1-67 and Nuclein (true). The aconitine, strychnine arsenate and Nuclein (true) above mentioned, are put up by the A. A. Co. and can be relied upon.

I believe if all the cases were treated as above mentioned, we would have fewer deaths. Let us hear from some one else.

J. A. SIMPSON, M. D.

Glen Mary, Tenn.

—:O:—

I am a believer in big quinine suppositories—gr. x—xx for an infant.—Ed.

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#### CATARRHAL FEVER COMPLICATED WITH BRONCHITIS.

Girl, 2½, taken sick Jan. 14, 1902, late in afternoon. I was called about 10:30 p. m., the same day; found her restless, temperature 103, pulse quick, compressible; pains of shooting nature in eyes and frontal sinuses, myalgic pains in muscles and points. Was taken with a chill, pain in throat, chilly along spine, hoarse, sneezing, injected watery eyes, coryza, with irritative bronchial cough principally from the associated bronchitis, tongue coated thickly whitish, some epigastric distress, bowels swollen, nausea and some vomiting, constipated (often find cases with loose bowels); no delirium, however delirium is rare, general cutaneous hyperesthesia, great thirst, no appetite; on auscultating, rales of a musical nature could be found, later could detect large and small rales, moist and bubbling in appearance. With the above history and symptoms before us we made our diagnosis.

Bronchiectasis: Scillitin stimulates the mucosa and prevents the retention and decomposition of sputa.

Treatment: Mother had given oil, so we decided to leave off additional cleaning out for the time, and gave aconitine gr. 1-134, four granules; glonoin gr. 1-250 one granule; dissolved in twenty-four teaspoonfuls of water and directed that a teaspoonful be given every fifteen minutes, to be continued until fever cooled or tingling of lips was noticed.

For cough, emetin gr. 1-67 one granule every four hours. I would have used digitalin and strychnine arsenate with aconitine but had none. So much for not being a "teetotaler" alkaloidist. I'll come through in time perhaps.

Jan. 15, 10 a. m., patient quiet, temperature 100, not so many rales, bowels yet tender, swelling subsiding. Gave calomel gr. iii, soda bicarbonate gr. v, chlorate potash gr. v in four powders. Direct: One every two hours. Give chlorate potash with calomel and you will have no ptialism. Aconitine continued, with glonoin: and atropine gr. 1-500 was added till effect. Emetin now given every two hours.

Jan. 16, better, bowels yet a little tender, occasional fever but resting fine. We have cleared out the bowels so it is now time to clean up. Gave zinc sulphocarbolate gr. 1-6, two, three or four tablets every two to three hours till stools were clean, non-offensive.

Jan. 17, made my visit in morning, found patient had rested well during night, little restless then, fever about gone, no soreness in bowels, myalgia of muscles. Gave "Anodyne for Infants" two every ten minutes till easy, then as needed. Medicine had run out that was ordered on the 16th, so missed three or four doses; placed on same again, leaving out the atropine except for one or two doses every twenty minutes; "Anodyne

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Bronchiectasis: The retention of sputa to decompose is dangerous. Stimulate the cough by senegin in small doses.

for Infants" often enough to quiet if every ten minutes and two granules at a dose.

Febriline, a teaspoonful every hour, was added to treatment for possible malaria.

Jan. 18, no fever, bowels normal, quiet, and indications about well. Ordered to move bowels again with oil, continued zinc sulphocarbolate.

Jan. 19, patient hungry and crying to eat. Dismissed the case, leaving for a tonic the following: Digitalin gr. 1-67 granules 2, emetin gr. 1-67 granules 2, strychnine arsenate gr. 1-134 granules 4. Direct: Dissolve in twenty-four teaspoonfuls of water and give a teaspoonful four times a day.

In pneumonia where pulse becomes bad, temperature falls to 94.5 to 95, as patient is going into crisis or lysis, give glonoin, atropine and strychnine sulphate; normal saline injections per rectum, or introduce direct into blood; give plenty, watch conditions and repeat if required, hot-water bottles about patient; if this does not add vitality place hot towels wrung out of normal saline solution over heart; if temperature and pulse do not improve, he's beyond aid.

I had a patient last month, aged 14, pneumonia; pulse remained 66, temperature 97.2 to 97.8 for three days; temperature had been 95.5, pulse 54; the above saved him. When temperature reached 97 placed him on Elixir Digitalis co. 3 oz. Direct: One-half teaspoonful every four hours; he's well.

Try creosote B. W., one to six parts of olive oil; rub from one dram to two into affected lung every twenty-four hours, or every twelve hours if needed, for pneumonia.

For bowels that cannot be moved by



Bronchiectasis: Strychnine arsenate in full doses is advisable as a tonic and contractor of the relaxed tissues.

other means, try glycerin (pure), spirits turpentine, sulphate magnesia. Give three to four times as much as you would by mouth, inject into rectum with bulb syringe, repeat in a few hours if necessary.

Hot foot baths with table salt and mustard added, will relieve stubborn headaches when medicines sometimes fail.

For erysipelas use jaborandi in full doses. I had a case that would not yield to treatment but continued to grow worse. Used Antidiphtheritic serum 1,000 to 1,500 units, repeated three times. Patient recovered; was an adult.

For diphtheria, Loeffler's solution locally; bitter wine of iron internally, full doses, and heart supported with the anti-toxin.

For sprains or arthritis in general, calcium sulphide in full doses, strychnine sulphate and soda salicylate; for pain use codeine, heroin or morphine if the soda does not ease; locally hot fomentations of ichthyol 2 drams, lanolin 6 drams. Direct: Rub on night and morning.

Apomorphine hypodermically for hysteria.

J. W. PRICE, M. D.

Sulphur Springs, Texas.

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I have never faltered in my devotion to chlorine locally in diphtheria, disregarding the prevalent beliefs of the day. So I have been by turn orthodox and heretical several times.—ED.



# **CAPILLARY BRONCHITIS. TRY IT ON THE DOG.**

How would it be to prepare a granule of nux vomica gr. 1-20 for a stomachic tonic—one every two hours? This is a favorite prescription of mine.

Bronchiectasis: Ergotin may prove valuable in causing contraction of the cavity; gr. 1-6 every hour till effect.



The following make a fine gastro-hepatic stimulant: Ext. nux vomica gr. 1-10; ext. ipecac gr. 1-50; resin euonymus atrop. gr. 1-10; resin podophyllin gr. 1-100; one every two hours, with seidlitz salt mornings as needed. I use many of these.

I have had some excellent results in capillary bronchitis, in babies from 2 to 15 months old, with Dosimetric Trinity, brucine and apomorphine. To clear up these cases after convalescence has been established I have found calcium iodide very efficient. I put all cases on brucine and "Angier's Petroleum Emulsion," when I have them. All of the above-named remedies act much better if two or three good movements of the bowels are secured daily.

I scored one point for your products in this way; being called to a case where I had occasion to use calomel with aromatics, I was told they were "too small to be good," so I said: "We will try them on the dog." Doggie took one, looked pleased and begged for more, so I kept on feeding him until I had given thirteen. In due time the lady of the house was more than satisfied. Palatability and efficiency are thoroughly appreciated.

H. R. P., M. D.

—, N. Y.

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Nux vomica gr. 1-20 is good, and I see no objection to its use, but why not use brucine or strychnine in appropriate dosage? I believe that even better results may be attained. It is probable that brucine comes nearer giving the nux vomica effect than strychnine, which is a more direct stimulant; and let no one forget that a stomachic tonic, the dose of

which should always be small, does better work when dissolved on the tongue.

Your hepatic stimulant is good. It is in the same class with Buckley's Sulphur Compound. We all have our pets, that like an old shoe, seem to fit in with our personality better than anything else. I approve of the greatest freedom in the practice of medicine, and would only hold the practitioner responsible for the cure, *cito, tuto et jucunde*.

"Calomel with aromatics" is alright, and an elegant preparation of this time-honored remedy. By the way, the canine men are much pleased with the alkaloids, and bid fair to become large users of them.—Ed.

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#### ACCOMMODATIONS FOR CONSUMPTIVES.

I propose to organize and personally conduct an outing club for curable consumptives, to spend the hot months in the heart of the Rockies, where the scenery is grand, the air and water both absolutely pure, and where fresh fish and game may be found in abundance.

I would like to correspond with physicians who have suitable first-stage cases, who might wish to take advantage of this opportunity. After returning from the mountains, as many as desire it, will be comfortably quartered at reasonable rates. The number is necessarily limited and arrangements should be made at once.

Organic heart-disease is a positive contraindication to high altitudes, and also cavity cases with hectic and erethism. Such cases need a sedative climate and the opposite effect is obtained here.

First-stage cases, and the better, invariably find relief and arrest of the dis-



Bronchiectasis: Eserine may prove an efficient aid in contracting the relaxed walls of the cavity; gr. 1-250 every two hours.

Bronchiectasis: Of the remedies to contract the dilated cavities, brucine is well suited for long-continued action.

ease in a very short time, and many cases are absolutely and permanently cured. Hemorrhage is not a contraindication to this climate.

Sunshine, low relative humidity, altitude and outdoor life, are potent factors in the treatment of this disease, and nowhere can they be found better than in Colorado. Add to these proper food, exercise, hunting, fishing, prospecting the mountain peaks and ravines for the precious metals, etc., and the invalid will surely find relief. He will also surely catch some fish and bag some game, and perchance he may find a gold mine. Anyway the pursuit of these things will serve to divert his thoughts from self and disease, increase appetite, invigorate digestion, give exercise to muscles, brain and lungs, provide something to do each day that may be persisted in or left off at will, and make a joyous happy holiday of what otherwise would be long and weary days of waiting.

This may seem to be the cheerful picture, but some eighteen years ago I fought and conquered the disease by these means, and the years since have found me completely restored to health.

Do not understand by this that consumptives are advised to get out and go indiscriminately, without regard to their special needs or their ability to do so without injury. This is a nice point which requires the trained judgment of a physician to determine. When these patients first come to the altitude they feel light and buoyant, the primary period of stimulation; and owing to the stimulating effect of the climate and the belief deep rooted in most consumptives that the *sine qua non* for a speedy recovery is exercise, of all kinds and at all times, regardless of consequences, this feature is

often overdone to the great injury of the patient.

The primary period of stimulation is followed in a few weeks by the period of lassitude, and a disposition to sleep much of the time. This desire to sleep should be gratified to the fullest extent. This period soon passes and the period of secondary stimulation comes on. When this is thoroughly established the patient is on the high road to recovery.

Patients should always be under the care of a physician and be guided by him. Food, exercise, rest, hygiene, etc., are of great importance and can be properly regulated only by a physician who sees the patient often. Taking medicine from the family physician in the Eastern home, as is often done, may be evidence of special faith in such physician, or it may be due entirely to motives of economy; such practice should be advised against by the home physician, and the patient advised to employ one who can see him frequently. However, the home physician should not be ignored but should be consulted, his views obtained and carefully considered in deciding upon a plan of treatment.

R. H. PAXTON, M. D.

Florence, Colo.

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Nothing can replace the care of the physician. Exceptional cases may recover—the average consumptive has more chances under the doctor, all the time.—Ed.

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#### CLIMATE FOR CONSUMPTIVES.

In the February CLINIC I notice a suggestion that the physicians of Florida state which particular kinds of consumptives are benefited by their climate.

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Bronchiectasis: The atomization of aromatic petrolatum mixtures does much good in keeping the passages aseptic.

Bronchiectasis: It is of the first importance to keep the cavity free from secretion and it from decomposition.

The suggestion is well made, as there is evidently a tendency to select a climate for consumptives in the same manner in which physicians give remedies. We frequently read their testimonials of a certain medicament being the only one used or necessary, in all bilious and rheumatic conditions, as the case may be. Such a recommendation is of little value, because judgment will tell us cases are widely different and consequently no one remedy could be a cure-all.

Aconitine and veratrine are both good remedies in fever, and yet there is rarely a case in which one or the other would not be better adapted. So it is in the selection of a suitable climate. Each case must be carefully analyzed and each climate thoroughly understood, then fit the case to conditions which would give the most benefit.

The physician has at his command government reports, of the daily characteristics of the climate of the principal resorts for consumptives: he knows the physiologic effect of altitude, he can judge what the soil would be and he should consider the season of the year. Now with these facts, temperature, humidity, altitude, drainage and rainfall, it is possible to select the most favorable climatic conditions for the benefit of the particular case. All of the well-known resorts have merit; a physician should inform himself what the merit is, as he would in any branch of medicine.

Many cases come to Asheville, entirely misinformed of the climatic conditions. I regret to state that there are physicians who have condemned our climate, because the weather was bad during the short stay of two weeks that they made here; others condemn it because one or two cases did not do well. Where there

is foliage there must be moisture; where little rain there will be dust; the lowlands will not drain, highlands will; a freezing temperature is stimulating, a very warm one is depressing, etc. So it seems to me that the climate question can only be settled by a knowledge of climatology.

A. W. CULLOWAY, M. D.

Asheville, N. C.

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Always—there are others. There is a little known place down on the Maryland coast that has cured consumptives and never has been "boomed." That is better than the "resort."—ED.

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#### COLONIC FLUSHING.

If your patient needs more colon flushings than you can give yourself (with the long tube), let him get on his knees with the pelvis way up in the air, then he can insert his nozzle and open the water-works. The water will run into the colon. When the patient is full tell him to lie on his left side and hold on as long as he can.

H. J. A.

—, Illinois.

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A good idea; well-known, but liable to be forgotten.—ED.

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#### COMMENTS.

After many years of constant reading of the CLINIC, and practising its precepts, I have concluded to make a few kindly criticisms that may suggest others, which if acted upon may in a measure tend to hasten the day when medicine shall be recognized as a positive science, and not

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Bronchiectasis: Decomposing secretions set up septic inflammation of the weakened bronchial tissues with disastrous results.

Bronchiectasis: The prognosis is vastly better than that of vomica if diagnosed and treated properly.

a guessing contest as it is thought to be by the present generation.

It is because of our own mistakes that it has come into disrepute with so many people. Our lack of observation, knowledge, and the absence of logical reasoning, or else palpable carelessness or unscrupulousness, compel the world to enter harsh judgment against us; so, if I point out one, two, or more, examples of this condition which present themselves in the January CLINIC, I hope no offense will be taken, but that it will be a stimulus to more thoroughness in diagnostic procedure, making conclusions more positive in the line of facts existing.

On page 70, in the article entitled "Diphtheria," we are led to believe or to accept the theory that true croup and diphtheria are synonymous, and that antitoxin is the remedy in all cases, but to be effective it must be administered early, and judging from the article it is not necessary that the membranes should be in evidence to guide us; for the writer says that patches on the tonsils may not be larger than half a pea, and sometimes he has failed to find the membranes above the larynx, but early work with the serum is the desideratum. I do not question the statement, but must confess that my experience will not bear this out.

It is strange but true that the masses are imbued with the same general impulse, and all like to entertain a fad; like a flock of sheep following the bell wether, where one leads all will follow; and the fad now is to be cured of some dread disease, and the average doctor aids, by suggestion, to make it possible for such a fad craze to become a habit.

Mrs. Smith's baby had membranous croup, and her doctor cured it in five days; Mrs. Jones goes her one better,

and her baby had croup and diphtheria, and her doctor cured it in five hours; there now!

This weakness to perform miracles is in a measure forced on the physician, but he must not allow this to destroy his honesty, cloud his knowledge, or to mar his judgment; so that he will call every sore throat, true croup or diphtheria, every diarrhea, the pea-soup discharge of typhoid; and every abdominal pain the initial symptom of appendicitis.

These are the practices that reflect discredit on the medical profession, and disrepute on medical science, leaving in the minds of the masses a very marked note of interrogation upon our opinions.

The progressive character of this nation makes it imperative that we shall mend our ways, if we hope to make our profession the honored one it should be.

On page 66 of the same issue is another article of interest, which cites some interesting facts, and gives a great deal of information. It is entitled "Different Phases of Typhoid Fever." He undoubtedly had a variety, and the varied character of the excrements demanded a varied treatment. If I had had the same result with the sulphocarbolates I would have used the arsenite of copper, in minute doses; using a solution of 1-50 gr. arsenite of copper, to 4 oz. of water, and giving a teaspoonful every 15 minutes for three or four hours, then every hour till every trace of the blood was gone.

I do not wish to be understood as finding fault with the treatment, but I offer this as a suggestive criticism only.

We have a series of cases this season that has unusual symptoms. Some of these have been diagnosed typhoid fever, few of which have given the char-



Bronchiectasis: The influence of climate is most valuable in these cases that are not tuberculous and must not be allowed to become so.

Bronchiectasis: Keep the cavity disinfected, tone up the walls, and keep the general health at the highest point.

acteristic history of true typhoid. These cases have been subject to relapses, and these relapses are usually after betterment, about the beginning of the middle of the second week.

That every brown-coated tongue is typhoid is not true; you find brown coat in general sepsis and other conditions, where excrements are held up, with high temperature coexisting.

I believe that the form of trouble we have now is an intestinal form of *La Grippe*, where the infection seems to spend its energy about all the abdominal structures. It is usually ushered in with a diarrhea of short duration, followed by a very obstinate form of constipation that nothing feazes as effectually as copious enemas.

The duration is anywhere from four days to two weeks. Whenever we have this constipated condition established, we have the dark-brown tongue but not the red border of typhoid, temperature is very high, and has none of the gradations of typhoid.

My treatment is never of the expectant order but aggressive, and consists of a manipulation of aconitine or the defervescent granule, emetin, sulphocarbolates or arsenite of copper, enemas, as indicated; arsenate of strychnine as a tonic, liquid food, sponge baths. Recovery is the rule and that soon. I am a lover of alkaloids and I have no horror of the habit, but bless the day that I first began their use.

On page 72 brother Benner discusses the relation of copper, phthisis and quackery; and while he mentions the death of a copper miner at 52, he must remember that that is not argumentative; therefore does not affect the efficiency of the copper salts.

Bronchitis: Acute: For the tight cough with scanty sputa in the first stage apomorphine gr. 1-67 every quarter-hour till loose.

I was pleased to see that he was enthused enough to enter the realm of poetry, which bespeaks interest and earnestness.

This copper business is of more importance than is usually conceded by the medical profession; and its action, when properly applied, with due regard to dosage and conditions, will often seem to produce a magic spell; owing to the precision with which it effects.

Upon mucous surfaces there is no element more potent than one of the copper salts; notably when in combination with phosphorus or arsenic.

The salts of copper are the safest of all metallics astringents; stimulants to granular surfaces, nerve tonics of the first order, and reconstructives, by reason of these actions. With phosphorus (which is a food for nerve cells) as its associate it ought to be a most effective remedy, for under its influence there is a betterment of digestion, absorption and assimilation; arresting retrograde metamorphosis, hastening constructive changes and increasing nervous, muscular and secretory forces.

With arsenic it proves a most effective remedy in intestinal disorders, where there is a destructive tendency to the mucous membranes; it controls peristalsis, arrests hemorrhage, overcomes the distressing pain, and leaves the bowel in almost perfect condition as to function. I know that others have failed to secure these results, but I am of the opinion that the fault was with the method and not with the remedy, for in years I have not often failed where directions were implicitly followed.

Minute doses frequently repeated, is

Bronchitis: Acute: In mild cases and weaklies, asclevidin at the outset  $\sigma r$ . 1-6 every quarter-hour till fever breaks.



the only way to obtain results with these salts.

J. E. MOSES, M. D.

Kansas City, Mo.

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Copper is now being zealously pushed by an advertiser, who has seized upon the idea and is exploiting it commercially. As yet no reliable data concerning its use have been published. Those who are interested in it may find references to this remedy in Dr. Waugh's books, the "Treatment of the Sick," and "Diseases of the Respiratory Organs."—Ed.

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#### ENURESIS.

Girl, 4, wet bed from birth, all treatment failing. Six weeks ago I began the following: Brucine six granules, lithium benzoate gr. 1-6 fifty tablets, saccharin two tablets to sweeten, water three ounces. Mix. Direct: A teaspoonful before each meal and at bedtime. This gave her prompt relief after the third day.

O. P. SWEATT, M. D.

Waxahachie, Texas.

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I am glad to hear of your success. There are two things which it seems to me doctors never do in these cases. One is to see whether the urine is irritating in quality and correct it; and the other is to see if there is any undue irritability at the neck of the bladder and inject Eurol.—Ed.

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#### SPASMODIC CROUP.

I notice you speak of tartar emetic as a general relaxant. In my twenty-two years of practice I have never found a remedy that gave as positive and quick results as tartar emetic in spasmodic

croup. The very worst cases can be relieved in ten to fifteen minutes. I put gr. 1-6 in twenty-four teaspoonfuls of water, and give a teaspoonful every two or three minutes until the difficult breathing is relieved and the cough subsides; then every half to one hour as indicated. It is not necessary to give enough to cause vomiting.

Try it. There is no remedy in the whole materia medica that pleases the mothers as my "croup powders." They are tasteless and the smallest child can take them.

I admire the principle of alkaloidal medication and believe that the best results are obtained by small doses often repeated.

A. J. L., M. D.

—, Cal.

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#### FOR CYSTITIS, WITH ESPECIAL REFERENCE TO THE BLADDER OF THE AGED.

Last fall Dr. W. E. Link, of Willington, S. C., wrote us that he had been cured of the bladder trouble incident to his age, and restored to good health, by a combination of his own devising. He said: "I am in my 71st year, in fine health and vigorous. I still use tobacco and coffee. My object in withholding from publication the remedy that has cured my bladder trouble and restored me to sound health is that I want those who use it to pay me something for it. I have been in regular practice for forty years, mostly among negroes, improvident and extravagant; I am poor and in debt, and will soon pass the line of work. And if this remedy is thought by those who use it to be worth anything I will gladly receive it."

We placed this statement before our

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Bronchitis: Acute: To moderate cough at first, and reduce it to what is necessary, co-deine gr. 1-12 every hour or two.

Bronchitis: Acute: To moderate congestion, loosen sputa and act on the liver, early stages, emetin gr. 1-67 every half-hour.

readers, and asked them if under the circumstances they would advise Dr. Link to make his formula known, or keep it to himself and endeavor to make a little money out of it to make his old age comfortable. Of those who wrote us everyone advised the old man to retain his formula.

The remedy is for the bladder of elderly men, with, possibly, enlarged prostate, cystitis, or difficulty in emptying the bladder completely and consequent "dribbling." Whether it is a good remedy is for those who use it to say. Our part in it is to help a worthy member of our profession in a small degree to render his old age somewhat more comfortable. The dose taken by Dr. Link was a teaspoonful before each meal, but we have found it best to begin with less—half the above dose; and if this irritates the bladder, as it may, to lessen the dose to five drops every two hours, till the exact quantity necessary to affect each case is ascertained. The best dose seems to be that just below the irritative point. While relief may begin within a week, Dr. Link recommends that the remedy be taken for at least six months.

Should the remedy prove as valuable as its author believes, it certainly is a good thing. The formula has been submitted and looks good; it seems well calculated to relieve the cases for which it is intended. No possible harm can result from a trial on the lines herein recommended.

Several to whom we sent samples made from the formula have reported favorably. Dr. E. L. Edwards, Fountain Inn, S. C., says: "I am using Dr. Link's prescription. It is the finest thing I have ever tried." With many good words

in its favor we have heard nothing against it.

If you wish to try the remedy send a dollar and fifty cents to Dr. W. E. Link, Wellington, S. C. Express charges will be prepaid.

Those who have read the CLINIC for years know that we are profoundly interested in the "old doctor;" and that we have endeavored in many ways to arouse the profession to take an interest in the superannuated members of our body, but without much success. We hope this affair may serve to bring the matter more acutely to the front. There are thousands of old doctors who have served their time, and are entitled to their old-age rest, but who cannot afford to take it. They must still earn their bread or go without. Many of these men make a bare living, yet take from the other physicians more than they themselves realize from it. Now, we do not have to say one word about the temptations that beset these poor old men. We would like to forget one case, where an old doctor asked us to intervene and keep him out of court. We had to refuse, he was convicted, and died in the penitentiary; and we cannot forget his face as he went with bowed head out of our office.

It is derogatory to the dignity of our noble profession that its aged members should be exposed to temptations of like nature. If we but felt the obligation to care for our superannuates, as the Masons and other fraternities do, we would bring more honor on ourselves.

Don't you think so?

Don't you know of some such person, who should be thus honorably provided with a shelter for his last days?

We would like to see raised, and help raise, a fund big enough to buy a whole



Bronchitis: Acute: For violent cough, dyspnea, high fever, at first, give lobelin gr. 1-67 to 1-12 every quarter-hour.

Bronchitis: Acute: As a remedy for the early irritative cough codeine is better than morphine and less objectionable.

county, in some suitable locality, and improve it with central institutions, detached homes for the old men, baths, gardens, fishing streams, elevated places for summer and warm lowlands for winter. Not big piles of brick and stone, with restrictions that would assimilate it to a poorhouse, but on a plan that would combine the needed care with the seclusion of an individual home.

Is it a dream? Well, we like to dream sometimes; and it is one we would like to realize when we are old.

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### EPIZOOTIC.

I see no mention of this disease in the text-books at my command. It is an epidemic and highly contagious disease peculiar to horses and transmissible to man.

It is characterized by a highly congested state of the mucous membrane of the nose, antrum, and eyes, with a profuse discharge of glairy mucus, sometimes tinged with blood. There are sometimes chilly sensations and light fever. There is a fullness and distention of the face and eyes, with intense pain and greatly aggravated when the head is held down. If allowed to run its course it lasts from four to ten weeks and finally terminates by resolution leaving no organic lesions of the parts involved. The mucous discharge and pain recur in the morning, at which time the patient feels much better and gets out of bed, as soon as the body warms up by exercise; and continues as long as exercise goes on. At night the patient retires, the body cools, and he sleeps. This peculiar intermittency leads one to think the disease in man is complicated with malaria, but we

find that antiperiodics do no good. It is undoubtedly a germic disease, the peculiar nature of which is destroyed at a temperature of about 65 degrees and under; hence there is only one remedy, cold.

A little more than twenty years ago a most fatal epidemic prevailed through this southern country and many horses died; it was transmitted to the people and prevailed as an epidemic. I for one became a victim, contracting it from my horses. For three weeks I was a martyr to almost unendurable pain. I exhausted my knowledge of therapeutic remedies. I finally reasoned thus: If when night comes on and I cool down, I am better, why not apply cold water as a remedial agent? It seemed the most reasonable conclusion. I lay upon my back, and had cold water turned upon my face; it soon arrested the secretions and the pain was gone. A persistent application of the water for three days, every time the pain returned, entirely cured me. Then I had found the remedy by which I cured all my patients.

The disease has prevailed here a few times since, and a mild epidemic is now among us. Two days ago I had the first symptoms of an attack, last evening the disease was fully developed. I applied the cold water from 9 p. m., till 2 a. m., it gave almost entire relief, and at 12 m., to-day I finished this paper.

Why does not the breathing of cold air cure? Because it does come in contact with but an area of the infected mucous membrane, the expiration of warm air counterbalances the inspiration of the cold, and the mucous membrane over which it passes never is reduced to a degree sufficient to destroy the germ.

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Bronchitis: Acute: In subacute stages or furms macrotin gr. j every two hours, is a useful remedy; also for nervousness.

Bronchitis: Acute: For violent cough at first, in plethorics, give tartar emetic in doses of gr. 1-67 as needed.

The pain-relieving agents should be non-stimulating to the capillary circulation. The coal-tar preparations act best.

J. M. THORNHILL, M. D.

Poplarville, Miss.

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The inhalation of formalin is so effective you cannot afford to neglect it.—ED.

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#### EUPURPURIN.

Eupurpurin, from queen of the meadow, is one of the very few remedies that influences the prostate gland, and for this action alone deserves attention. Good results are often obtained with this remedy for enlargement of the prostate gland, especially in mild cases of recent origin. Its value in such conditions is enhanced if alternated with Sanmetto. It is very useful in irritable forms of spermatorrhea, dropsy, gravel, suppression of urine, pain in the region of the kidneys, smarting and burning in the urethra, ovarian and uterine atony, amenorrhea, dysmenorrhea, endometric hematuria, and in some forms of rheumatism.

Owing to its being very relaxing it is not suited to depressed conditions, and it is often best to combine it with other remedies of a different class in order to modify its action. It is diuretic, tonic, stimulant and astringent; it is a non-toxic agent, and when indicated it is safe to prescribe in full doses often repeated until effect. Dose, one to three granules gr. 1-6 three or four times a day. Some authors give the dose as much as gr. 4, but I don't believe that that amount would be necessary if a good preparation were used.

Zinc sulphocarbolate is an astringent

and intestinal antiseptic. It will disinfect the intestinal canal in a very satisfactory manner, and by so doing it has a very wide range of action in many diseased conditions. It is indicated and useful in most all forms of diarrhea, dysentery, cholera morbus, cholera infantum and typhoid fever, and in some forms of dyspepsia.

In prescribing this remedy it is well to bear in mind that it gives better and quicker results and a smaller quantity is sufficient if the bowels are kept cleaned out with some good saline laxative, such as Abbott's. A good plan is to give a dose of Abbott's Saline Laxative and in one hour begin the zinc sulphocarbolate. It is often best to combine it with Salo-Sedatus, to prevent it from disagreeing with the stomach as it occasionally does, which addition will add to its usefulness, especially during any fever or pain. Or the W-A Intestinal Antiseptics can be used in its place if an astringent is not absolutely demanded.

It is used as an injection in leucorrhoea, and as a gargle in sore throat, diphtheria, etc., and in solution by enemas. Dose, as an intestinal antiseptic gr. 2 to 10 every two hours, until the stools cease to be offensive, then give it less frequently, only enough to keep the stools from being offensive. As a local application use from one to twenty grains to each ounce of water.

J. A. BURNETT, M. D.

Sullivan, Ark.

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#### FLORIDA.

One of the best replies to your questions was that by Dr. Worcester.

As to the forms of tuberculosis best

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Bronchitis: Acute: Antimony arsenate is advocated by the French for the subacute forms; gr. 1-67 every hour or two.

Bronchitis: Acute: In the later stages ammonium benzoate stimulates, and restrains redundant secretion at the same time.

fitted for this climate, hemorrhagic cases undoubtedly do the best. In our little community we have probably at least half a dozen persons who came here fifteen to twenty-five years ago, after suffering from severe hemorrhages, who are now in good condition.

While in Kissimmee I had a patient who had a severe hemorrhage, almost immediately on his arrival, and who had several within four months. His physician told me three months afterwards that he was surprised to find him alive; he had sent him away because he did not want him to die on his hands. Yet this patient, who was poor and forced to work for his living when able to get around, lived two years and a half, and I believe might be living now if he had been in good circumstances.

Strumous and catarrhal cases also do well here.

Those suffering with anemia, neurasthenia and rheumatism, do well in the interior pine regions; also most cases of asthma.

T. N. LEWIS, M. D.

Mount Dora, Fla.

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Mount Dora is in the central lake region of Florida, within easy reach by railroad, a section that has been developed rapidly within recent years.—ED.

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# FLORIDA.

Your very candid resume of the Florida question, in the February CLINIC can but meet the approval of all truth-seekers in this direction. I congratulate you on the method pursued in getting at

the facts relative to our much lauded, much demeaned State. Truth hurts only the liars, but misrepresentation has wrought much evil alike to home and health-seekers in Florida. He who seeks Paradise must go to Heaven for it, and the one who anticipates finding it short of that place from which newspaper reporters do not return, will assuredly be disappointed.

For tubercular people, I take it that the greatest amount of sunshine, with those extremes of temperature which make the least demand upon the nervous force to adjust the body heat to the atmospheric vicissitudes, and an elevation which shall not endanger the integrity of the weakened lung tissue by too great atmospheric rarity, with freedom from malarial contamination, form the elements of climate which approach the ideal.

Probably selected portions of Florida have these conditions, to which are added aseptic conditions, ozonic atmosphere, electric saturation, possibilities of continuous out-of-door life, and good nutritious food—fruits, vegetables and meats.

As to the classes of cases which should come here, the range is large. To the one requiring dry atmosphere, the high-pine lands, away from the coast lines, are admirably adapted. Those having catarrhal complications will often find the salt air, tempered by the Gulf stream, admirably suited to their conditions—often a sea voyage cures these cases. To those with hemorrhagic tendencies, Florida is peculiarly suited, for the blood-pressure is so well compensated by the atmospheric weight, that the tissue is supported as by adjacent walls. Incipient tuberculosis is many times cured by the *vis medicatrix nature* here; while

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Bronchitis: Acute: For copious secretion with sluggish sensibility, give sanguinaria gr. 1-67 to 1-12 every hour or two.

Bronchitis: Acute: Squill is only a remedy for defective sensation, with free sputa, to make the patient cough harder.



the secondary conditions need other treatment than climate.

To those far advanced, who have the comforts of good homes, I would say, as a rule, stay there. Yet an occasional case comes under the purview of the observant physician, which shakes his faith in prognosis, and leads him to say: "I don't know what the results may be in a given case." As illustrative of this, I recall the case of a lad, 16 years of age, who came to South Florida with me in 1885. He was emaciated, a skeleton, had a persistent racking cough, profuse night-sweats, extreme dyspnea, feet and ankles badly swollen, could not walk half a block without stopping for rest at least three times, increased subclavicular phonation, dull percussion sounds over both apices, sibilant rales, and bacillus tuberculosis shown by microscope.

This was the pathologic picture shown. When his father asked me to take him with me, I replied: "I do not think he will live to reach New Orleans," yet he insisted, and added: "We will not want to disappoint him."

I assented reluctantly (the boy's uncle was one of the party of forty going), so he went. The trip from St. Louis to New Orleans was made by rail; from there we took a steamer for Tampa. The boy was terribly sea-sick. From Tampa we went sixty miles east by private conveyance. The teams were overloaded, so the party, women, children and men alike, had to do much walking. This boy walked during the first day probably three miles, and ate before supper twelve oranges, and a good square meal of side meat for his evening repast, this reinforced by crackers; slept well, was ready for oranges, pork and crackers in the morning; walked at least six miles the

second day, with a great amelioration of cough, swelling of feet all gone, appetite voracious, no night-sweats, and simply a marvelous improvement.

To abbreviate the story, this was in April; in June he took the contract to carry the mail from Tampa to Ft. Meade, Polk County, a distance of forty-six miles. This he did through the rainy season, which was just beginning, and continued to about the 1st of October. He was probably wet to his skin every day during that time, for his conveyance was a one-horse buggy without top, and the rains while not lasting long were down-pours, gully washers as the Baptist deacon called them. He steadily increased in weight and strength, and as he told me did not have a cold during that time.

This case remained apparently well for two years, when he became restless, thought he could do better, and went to Mobile, Ala., took cold, developed pneumonia, and died within two weeks of his arrival there.

I refer to this case to illustrate what out-of-doors treatment will sometimes do, even in cases where all hope seems gone, and the undertaker is just outside the door.

As to the rainfall, while Florida's rainfall is sixty inches annually, the winters are as a rule dry; the summer heat is mitigated by frequent downpours, lasting usually but a short time, then the sun and alternating fleecy clouds. The soil is porous, drinking in the moisture, and in a few minutes after such a rain as would give days of mud in the north-west, you can walk out dry shod even with slippers.

So much could be truthfully written of the climatology of Florida, and of the

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Bronchitis: Acute: Senega is a remedy to be classified with sanguinarine and squill to make people cough harder.

Bronchitis: Acute. In the aged, when sensibility is low and sputa may collect dangerously, give sanguinarine freely.

advantages of this one of Nature's Sanatoria, that I despair of even outlining it. Yet it is not perfection. Seasons vary; the past winter's precipitation has been more than I have seen since 1884, during the cooler months. The last summer was unusually dry; simply the equilibrium is being maintained.

To sum up my impressions of Florida, after nineteen years' observation: It is a good place for most asthmatics, for a large percent of tuberculous cases, for many rheumatics, for old chronic malarial cases. I am a living illustration of this. I contracted malaria on the Yazoo river in 1863, fought it valiantly for nineteen years in Iowa, came to Florida in 1884, and have no farther use for quinine or other anti-malarial remedies, for personal use. And for chronic catarrhal cases, and for people to live to good old age. You may not live so fast, but you can live better.

C. F. MARSH, M. D.

Pensacola, Fla.

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#### FLORIDA.

Although I am a traveling man and not a resident physician of this State, I would like to call the attention of your readers to my private knowledge of the climatic conditions of Florida relative to its healing power in consumptive cases.

Dr. Jones, of Daytona, says Florida is no place for consumptives, but in the next sentence he states that he has known many benefited by a residence here and that patients have lived from ten to fifteen years in comparative good health. Now I have been in Daytona and along the east coast, and in my opinion no locality on that coast is particularly

adapted to phthysical patients; but this is not all of Florida.

There is a tract of land between latitude 28 and 29 degrees, sixty miles from the gulf and forty miles from the east coast, that is particularly adapted to phthysical patients, being the high rolling pine lands. The altitude in some places is 200 feet above the sea level.

Camp life can be indulged here with comparative safety. The electric disturbances arising from the storm centers on the gulf produce ozone in great abundance, so acceptable to patients troubled with exhaustive dyspnea. The steady breezes blowing across the State, laden with balsamic odors of the long-leaved pines, have a marked tonic effect upon the patient, I have found no place in the world where the beneficial effect of the climate is as quickly realized as in the locality I have mentioned, and I have made the study of phthisis a special study for the past twenty-five years.

It was also stated that we had no hotel in Sorrento. We have both a hotel and a camp, railroad and express office, etc.

E. E. HOWARD, M. D.

Sorrento, Fla.

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#### HONDURAS.

THE ALKALOIDAL CLINIC has served as a cherished companion during many weary hours in this dull and distant land. My success in Dosimetry has been so frequent and so good that in every instance I now feel an almost perfect confidence in the result. And such I am sure must be the case with many another, who has deserted the dark and devious paths of allopathy for the clear light and cheering way of dosimetry. We are very deeply

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Bronchitis: Acute: Cubebin really promotes secretion and comes in after emetin or lobelin have produced nausea.

Bronchitis: Acute: Gouty and plethoric cases are benefited by colchicine gr. 1-134 every hour till evident effect.

indebted to the late lamented Burggraeve. The new school has been established; it is destined, we already see, to spread over the whole world; and to place medical therapeutics on a solid scientific foundation which will last.

It was to no light task that Prof. Burggraeve set himself some thirty years ago, when he determined to devote his time and his talents, after forty years of professorship at the University of Ghent, and half a century of practice at the civil hospital—to reform the vicious state into which medical practice had drifted. But his doctrines have spread far and wide. Not only is his method daily practised by hundreds of his immediate followers, but the medical journals of the last twenty-five years point clearly to his influence upon every school of medicine, and every sect of practitioners in all parts of the civilized globe.

Therapeutics before Burggraeve's time did not recognize the patient at all. Every ailing person had the same dose of medicine, given him whether it suited him or not. Empiric drugging disappeared as soon as dosimetry came to light. It was stopped even by those who refused to recognize Burggraeve as their leader.

In medicine as in science a certain amount of conservatism is absolutely necessary. When after long years of practice we have satisfied ourselves of the powers of certain alkaloidal granules, it seems the height of absurdity to put them aside and try something else, simply because it is new, and unduly belauded.

It is scarcely necessary to inform your readers that when dealing with the active principles of the dosimetric pharmacy, they must apply them according to the dosimetric method, which the genius of

Burggraeve has given to the world; and not look upon any particular drug as a specific for any particular disease. If we can use the dosimetric granules properly, we can do with them all that therapeutic science demands.

CHAS. W. BENNETT, M. S., D. M.,  
London and Paris.  
Santa Barbara, Honduras.

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We trust that Dr. Bennett will tell us something of the diseases he has to treat in Central America. The attention of American physicians is being directed to the tropics more every year, and we want to know. What license is required for practice?—ED.

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#### HYOSCYAMINE IN CAR-SICKNESS.

There is no railroad anywhere that produces car-sickness so frequently and so easily as the one running from Denver to Georgetown, Colo.

People who can ordinarily ride for days without nausea will experience it here. The reason is, first, because of the many short curves; second, because there is no distance. The cars pass within a few feet of precipitous mountains on each side, and one can readily look but a few hundred feet in the most favorable places. It is no uncommon thing to see a number of travelers sick, and in riding up and down this road frequently, it has been the writer's privilege to offer and afford relief many times. Two or three granules of hyoscyamine, taken every fifteen minutes for two doses, generally completes the cure. Very often one dose is sufficient, and many a passenger who could not hold up his head would find relief, and sit up within ten to fifteen

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Bronchitis: Acute: In the later stages when the absorbents need help, use iodoform for the cough moderator; dose enough.

Bronchitis: Acute: During the irritative period one of the circulation equalizers is needed all the time.

minutes after the first dose. To children under ten years one granule is sufficient.

If one anticipates a rough journey on the cars, or if one is subject to car-sickness, two granules a half hour before starting on the journey; and, just as soon as the first symptom appears, as headache, vertigo or nausea, two granules should be taken every fifteen or twenty minutes until dryness of the mouth and throat are produced. It is not necessary to combine hyoscyamine with anything else. It is a very effective and sure remedy, and will relieve the disagreeable symptoms of car-sickness or of sea-sickness by itself.

There can be no objection to using strychnine with hyoscyamine if desired. Try hyoscyamine alone in car-sickness or sea-sickness, as it is one of the best remedies of its class. In preparing for a long car or sea journey, clean out the bowels thoroughly with Abbott's Saline Laxative, the night before the contemplated trip.

J. M. SHALLER, M. D.

Denver, Colo.

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#### INDESTRUCTIBLE TABLETS.

Last week I took advantage of a more than usual lethargy of practice, to contract an attack of "grippe." I don't know how or where I got it—I had it. With my ordinary disregard of the dictates of common-sense I went Sunday evening to give a battery treatment in a suburban town. Monday I felt as though I had been through a rolling mill, mauled under a trip-hammer, and finished up in a Bessemer retort.

I went at the demon in a half-hearted way, but with no success; and finding my

case getting serious, with typhoid indications, my wife urged me to call in a homeopathic friend, which I positively refused to do.

In the middle of the afternoon a young married lady, a near neighbor and friend, came down the hill to investigate, and I concluded to let her telephone my condition to a friend in a city sixteen miles away, one who travels the same occult and mystical—imponderable, Brother Waugh—lines that it delights me to follow, leaving it to him whether to come to me or not. When my alkaloidal granules and normal liquids play me false, he is the one I always turn to, and never in vain. He gave her a message for me, and promised to call the next day, which he did.

I was some improved on Tuesday, especially after his arrival, and while we were enjoying our flow of soul, my visitor of the previous day came down, in tears. Her mother, who lives with her, was taken with pneumonia suddenly, and sinking fast as she thought. I gave her some tablets with which she started, but the impulse seized me to follow her. I asked my friend to await my return, but he declared his intention of accompanying me; of which, as he also is an intimate friend of the lady's family, I was glad enough.

We arrived at the house and found the mother almost in a state of collapse, from asphyxia. My friend recognizing my absolute inability to cope with her disease in my enfeebled condition, went at it, and by his splendid magnetic power relieved her of the immediate danger, although we have a solid case of pneumonia on hand, with a complication of a severe dysmenorrhea which had to intervene then.

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Bronchitis: Acute: A full dose of pilocarpine with a hot footbath will often break up an attack if used soon enough.

Bronchitis: Acute: Keep in a warm room well charged with steam, and the cough will be much easier to moderate.

Feeling all confidence in his skill, I sat down and let him handle the case, simply carrying out his instructions and watching its course, prepared for the intervention of other symptoms. The case progressed favorably, but yesterday, finding the heart-action weak, I left six tablets of strychnine sulph. gr. 1-100, to be taken at intervals of two hours.

I went to bed with a chill about 7 o'clock, but her little grandson came down to say that his grandmother was vomiting dreadfully, and they were frightened. I assured him that this was the action of the syr. scillae comp. which my friend had ordered, and directed its use in quarter doses and less frequently, and that condition passed away.

But here comes the surprise: This morning I found temperature 100.2, pulse 78, and the weakness of the heart-action called for explanation. All six of the strychnine tablets—triturations—had been administered, and where were the effects? The explanation was sufficient, when on looking in the bed-pan I found every one of them as intact as they had entered her mouth.

I looked at those renegade disks with contempt, and exclaimed: Henceforth be no longer servants of *mine*. And they will not be. If ever I again send a tablet trituration into any human body on any errand of mine, it will go in the form which I shall determine, and that is, crushed to powder. I will as soon administer my remedy in an hermetically sealed thermometer tube.

Mind, I am not speaking of the preparation of a "snide" house. The tablet I used was from one of the most reputable manufacturers of the middle west. It was not a Merrell granlet, or an Abbott alkaloidal granule. Neither of these ever

failed me in the least. The drug was all right. I crushed one at once and administered it, and got my result in less than fifteen minutes. I have used others from the same bottle, if I mistake not, although I may have pulverized them. I pulverize everything nowadays, or dissolve it, as the remedy works much more rapidly, and I never leave a patient until I see what my remedy is going to do.

Every physician is aware that the stomach of a patient may not always be in a condition to dissolve or digest a tablet trituration, or anything else as to that, but hereafter I am going to assume that it never is.

Tablets are the most convenient form in which the physician who does his own dispensing can carry many of his remedies, or most of them, unless he is an alkaloidist, but this convenience may become a danger. So I suggest in regard to the tablet—crush it. Carry in your bag a small Wedgwood or glass pestle, and for a mortar borrow a common teacup with rounded bottom, of the neighbors if your patient hasn't one in the house. It takes a few minutes more time, but will pay in the long run.

Perhaps some will think I have evolved a big scare out of a small matter. And it may be so, but I will not run against the same post, or tumble into the same ditch, twice—if I know myself.

When on a second visit last evening, and again this morning, I found my patient rapidly improving, it did not take much argument with myself to prove to my consciousness that I had lost several precious hours, on account of the failure of those tablets to dissolve and free the drug that the chemist had locked up in them. And all the time my patient was slipping away, and I was wondering



Bronchitis: Acute: Give a strong hydragog physic, forbid all drinks, and sweat well with hot applications outside.

Bronchitis: Acute: Fifteen grains of quinine with morphine gr. 1-4 at bedtime will often break up the attack.



what made strychnine fail me for the first time ; and it was only the fact that the daughter spoke of the appearance of the feces that led me to investigate.

But I am not to be caught again. I regard the triturate now with the same amount of confidence as Lloyd's "nigger Cupe" did the jack-o'-lantern. I don't question its use, as a form of transportation, but when any make of tablet gets into my hand for the purpose of administration, he will go through my process of initiation first before he enters the portal. I may dissolve him afterwards but I will crush him first. Like the Irish soldier in the Mexican war, who ran a greaser through with his bayonet, and then fired the gun while his victim was impaled, "I want to make sure of the hole."

DR. J. R. PHELPS.

Dorchester, Mass.

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Dr. Phelps has touched one of the vital objections to the tablet triturate, one that led to our abandonment of it many years ago. It is practically indestructible, but assuredly economical, as it may be used over and over again with very little loss by wear and tear.—Ed.

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### INFLUENZA.

The tablet of morphine and potassium cyanide does nicely in the irritable cough of grip, due to an elongated uvula with excessive irritation of the fauces. The pathologic condition in this disease is a destruction of the equilibrium of the circulation, with localized congestion.

Keep the gastro-intestinal canal "cleared out and cleaned up," reduce the temperature, and meet the other symptoms as

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Bronchitis: Acute: Forbid speech and restrain cough; apply volatile liniment to the chest; and a hot mustard footbath.

they arise. Tepid sponging of the surface assists in the production of nervous tranquility, and a diet of animal broths, orange juice and lemonade, made weak and strained, meets the conditions so far as diet is concerned, so long as there is fever. Afterwards I add baked apple, celery, etc., until the digestion becomes good, when I put the patients on steaks, chops, baked potatoes and light puddings.

An improper diet will surely produce flatulence, and autointoxication. That means a relapse. I never use milk in grip so long as there is elevation of temperature, patients doing much better on animal broths and fruit juices. All drinking water should be boiled.

HORACE R. POWELL, M. D.

Poughkeepsie, N. Y.

—: o:—

Nothing has so well relieved the cough for me this winter as apomorphine and heroin, gr. 1-12 each, repeated as needed.—Ed.

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### LOOKS REASONABLE.

If the active principles of nux and opium are better than the crude drugs, why is not the active principle of aconite, ipecac or any other plant better?

R. O. BROADWAY, M. D.

Bryant, S. D.

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While I was a surgeon in the Navy, it was one of our troubles that no preparation of ipecac ever stood a voyage, but within a year was practically worthless. The emetin we are using is devoid of cephaeline, the acrid principle of ipecac; hence in treating dysentery and other bowel troubles we get the full curative action of the drug without inducing

Bronchitis: Acute: A few days' confinement in the room saves lots of the patient's valuable time and prevents chronicity.

emesis. If you have seen the *Philadelphia Medical Journal* recently, notice that the army surgeon who is giving lectures at Jefferson Medical College on the use of ipecac in tropical dysentery, speaks of the precautions to be taken to keep down the large doses of ipecac without having them vomited. This difficulty is completely met by using emetin, of which he appears to know nothing.—Ed.

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#### INTUSSUSCEPTION.

I have had a case of intussusception, an old lady age 77. The bowel came through the rectum and clear into the world. And what do you think? There was spontaneous and complete reduction with copious daily stools, no pain, no tenesmus. I am sure that it was due to the hyoscyamine with which I simply filled her up. Don't swear at this hint; it is too good a plum, and I am going to work a big paper on it.

HERMAN J. ACHARD, M. D.

Roselle, Ill.

—:o:—

This form of obstruction is more common in infants. All forms demand hyoscyamine.—Ed.

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#### MAKE TRIAL.

A few months ago I subscribed for the CLINIC and received a 12-vial case of granules. These I used and am using in select cases, without the use of a guide, relying on my general knowledge of the therapeutic value of drugs to guide me in my work. Of course I have been influenced by many of the clinical reports

in the CLINIC, so it will be seen I am a novice in the granule practice; and I am free to admit that I did not look upon the theory with much favor. However, as I have never been identified among those who know it all, I concluded to "nibble at the bait" until I could form an opinion that would not be tainted with arbitrary views; for all my life I have been impressed with the idea of Da Vinci: Begin with the experiment and end with the ascertainment of the reason. At first thought this may appear to be very bad logic, but a further and more mature consideration will not fail to reveal a fundamental principle of physiology, and its reverse would be an investigation going from effect to cause.

Now if we know that the exhibition of a certain drug in an indicated form will produce a definite effect of a beneficial nature, we are willing to accept it in our practice even before we learn the reason for its action. This view of the matter has led me to investigate the alkaloidal theory and I am free to admit I am thus far favorably impressed.

My practice is in a malarial section. Most every disease that I am called to treat is more or less influenced with malarial toxemia, consequently one must use a goodly quantity of quinine, arsenic, iron, strychnine, etc. The granules as offered by the A. A. Co., the forms and combinations of these drugs, are not only convenient but highly efficient.

For the autumn months and often throughout the winter, we have many typhoid cases. These are all, for the most part, atypical. They are of the nature that gave rise to the new word, "typho-malarial fever." I have treated thus such cases after the plan of the successful practitioners that write for the

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Bronchitis: Capillary: Apomorphine in full doses by the stomach does not nauseate but is the best loosener of secretion.

Bronchitis: Acute: The best diet is no diet at all till the eliminants have a chance to abort the attack.

CLINIC, and with entire success. I am of the opinion that I saved each patient from ten days to two weeks' "bed sickness." If this is true, then the plan is an eminently good one for this locality. In all fevers, or nearly all, I find the use of aconite a valuable adjunct. To meet the indications of this drug the aconitine granules are simply the *sine qua non*. I have never used a drug that gave me more genuine satisfaction. I can also give favorable testimony in behalf of hyoscyamine, colchicine, Anodyne for Infants, etc.

So, therefore, it may yet fall to my lot to discard the well-beloved old and embrace the new.

If I hear from some of my medical brethren on this subject I will answer with a little friendly advice. Try it.

L. L. LOGGINS, M. D.

Willis, Texas.

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The people we do not get on with are those who will not make the trial.—Ed.

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# NOTE.

Following the publication of my article "Observations in Diagnosis" in January CLINIC, I have received several letters from doctors in various parts of the country asking for a copy of the blank I use. While I am perfectly willing to send a copy, and indeed am glad to be of service to my fellow physicians, I do think that half the value of such a guide is gained in the process of preparing the items and arranging them on paper. For myself, I can say I knew far more of diagnosis when I had sweated out a schedule and put it in shape for the printer.

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Bronchitis: Capillary: Copper sulphate gr. 1-12 every half-hour till nausea, is a good remedy as expectorant and defibrinator.

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I am not in the habit of recommending any particular books or goods, but I want to say that Butler's "Diagnostics of Internal Medicine," is a veritable mine of information, and my ever present help in all times of trouble. The chapter on Pain, with numerous pictures of models and statuary, marked by regions and zones, is alone almost invaluable.

A. W. BAIRD, M. D.

New York.

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# WHY DON'T YOU ABORT PNEUMONIA?

The question no longer is, can pneumonia be aborted, but why don't you abort it? In the higher altitudes pneumonia is considered more fatal than in lower ones. Here, as elsewhere, fatality depends upon one thing more than upon all others, this very unfortunately is, that the majority of physicians do not, or will not, act upon the fact that pneumonia can be aborted.

There is one thing necessary for the physician, and that is to believe that it can be aborted. Take the experience of hundreds of physicians who have aborted it; if you can make yourself believe it, make up your mind to try it the first time an opportunity offers.

Learn to impress upon your families that they must send for you early in all febrile diseases, particularly if ushered in with a chill. In children, particularly if they breathe rapidly, have a short cough and are dull or slightly comatose from the beginning. In order to get the mothers to do so, tell them you can, in many cases, save many days of sickness and even life; that if you can see the patient early enough you can break up the disease within a short time; and so you

Bronchitis: Capillary: Emetin to full dosage is an excellent expectorant and acts on the liver most desirably.

an. Believe this, act upon it, and you will do it.

Pneumonia starts with congestion, which produces symptoms sufficiently clear to show that an inflammatory disease is threatening. To dissipate a congestion is comparatively easy, and is usually successful providing the effort is made. The satisfaction of having aborted a pneumonia is recompense more than sufficient to pay for the trial. I have seen physicians more elated over the consciousness of this fact, than if an outlawed bill of \$50 had been paid unexpectedly. I may make an exception here, and say, after the first rude shock of surprise had passed after receiving the money.

There is no difficulty to jugulate pneumonia; it is an easy matter provided the patient can be seen within twenty-four to thirty-six hours after the beginning of the attack. If the fever is over 102 in adults, and pulse 120, or 130 in children, give aconitine every half hour until there is some relief. That is, until the breathing is easier, the patient less restless, or brighter. If the temperature is 104 or more, and the pulse correspondingly high, give a dose of aconitine every fifteen minutes for four doses, then every half hour.

If there is hesitancy about giving aconitine alone, use the Dosimetric Trinity, which contains besides the aconitine, digitalin and strychnine; but whatever is prescribed use aconitine amorphous, and give it according to the following rule, which seldom needs changing, except in the exceptionally robust, then larger doses may be required: For children, one granule dissolved in twenty-four teaspoonfuls of water, for each year of the patient's age, together with one addi-

tional granule for the glass. Of this mixture give one teaspoonful every fifteen or thirty minutes, according to the emergencies of the case. With adults give a full granule for each dose, or even two if necessary.

The writer has checked many cases of impending pneumonia, even here in the mountains, within twenty-four hours. There can be no possible doubt about this, and every physician can testify to this fact if he will try to jugulate pneumonia. This is the season for pneumonia, and no case should be allowed to pass beyond the congestive stage. Much may be done if the disease has passed beyond the congestive stage, by using aconitine amorphous, as this remarkable remedy is not only the great jugulator but the best of the febrifuge medicines.

I cannot too urgently ask you to try to jugulate pneumonia with aconitine amorphous. Made by The Abbott Alkaloidal Company, it is reliable, safe, and its action is constant.

J. M. SHALLER, M. D.

Denver, Colo.

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## PNEUMONIA.

Male, 35, Feb. 20, 5:30 a. m., temperature 104, pulse 86, respiration 26; had had chill and headache; positive dullness immediately under right nipple down to liver and around to posterior part of thorax, with much pain in that region.

Gave gr. 1-8 morphine, and atropine, hypo; then two calomel and aromatics every half hour till ten were taken, then followed with a tablespoon of a saturated solution of Epsom salts hourly till bowels moved; also began with one tablet in solution of Defervescent Compound, No.

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Bronchitis: Capillary: The aged need sanguinarine, scillitin or senegin, to stimulate sluggish sensation and arouse coughing.

Bronchitis: Capillary: The sedatives, lobelin and antimony, are to be used cautiously if at all for dyspnea in the weak.

1, every half hour; same continued nearly thirty-six hours, when temperature was 99 and dullness in lung gone. Changed to Trinity No. 1, one per hour or less; would say temperature got up to 104.8 under the dosage of one Defervescent No. 1, every half hour. At present, morning of 23d, case has good appetite and is convalescing.

I don't think there is room for "jumping at conclusions" here; if any think so, will be glad of the reasons for such an opinion.

G. S., M. D.

—, Iowa.

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It is easy to dispose of facts that do not fit our theory; just assume the man on the spot was mistaken. That is not "jumping at conclusions"—it's only "the other man" who does that.—Ed.

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#### **PNEUMONIA: TREATMENT.**

I have practised medicine since 1868, have treated a good many cases of pneumonia, and fortunately have not furnished the undertaker with one job. For some years I have used the following as an initial dose: Calomel gr. 5 to 10, emetin gr. 1-6, hyoscyamine gr. 1-250, strychnine gr. 1-134 to 1-30. Direct: One dose.

To be followed in two hours with the following: Mercuric chloride gr. 1-20 to 1-60, emetin gr. 1-6, hyoscyamine gr. 1-250, strychnine arsenate gr. 1-134 to 1-30; one capsule. Direct: One capsule every four hours until yellow bile passes freely from the bowels.

Also the following as antiseptic and antipneumococcus: Sodium sulphocarbonate gr. 120, bismuth salicylate gr. 28,

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Bronchitis: Capillary: Carefully watch the heart and forestall a failure by giving strychnine in time and dose enough.

europhen gr. 20, eucalyptol drops 8, mix into a paste and fill twenty-four capsules. Direct: One capsule every four hours, commencing two hours after mercuric capsule.

For fever, the Defervescent granule; one granule every quarter or half hour till temperature is 100, the Dosimetric Trinity often enough to hold it there.

To eliminate: Saline Laxative, one heaping teaspoonful in a glass of cold water every morning.

For food: To prevent delirium and insomnia, Liquid Peptonoids one tablespoonful. Bovinine one teaspoonful. Mix. Direct: Give every two hours while awake.

Antiphlogistine thick and hot, applied to chest, and cotton over that, every thirty hours.

When tongue is moist and clearing give Euquinine gr. 5, every three hours. If there is any sign of delirium give one granule hyoscine hydrobromate gr. 1-500 and repeat when necessary. If there is any need of expectorants, glycerin will fill the bill.

B. F. LISK, M. D.

Conner, Fla.

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Pneumonia continues to kill increasing numbers everywhere.—Ed.

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#### **PNEUMONIA.**

I was called to see a gentleman, 63, with all the characteristic symptoms of double pneumonia. Locally I applied turpentine and lard made hot and covered with oiled silk. I used equal parts at first and diminished the relative quantity of the former when the surface of the chest and back became reddened.

Bronchitis: Capillary: Camphor monobromate is an excellent stimulant expectorant; gr. 1-6 every half-hour, about.



The dyspnea in this case was extreme, his superficial circulation was very poor and I thought he could not survive many hours. He was unable to lie down on account of the dyspnea. He was given a hot mustard foot bath, and pilocarpine muriate gr. 1-10 hypodermically, which produced profuse diaphoresis and somewhat relieved the dyspnea. I gave Defervescent Compound, a granule every half hour for two hours, when his pulse became softened; after which the granule was continued every hour until his temperature came down from 106 to 100, then every hour and a half for another day, bringing it down to 99.4. This took about three days. Apomorphine was also given from the first, two granules every half hour until slight nausea was produced, then one every hour for two or three days. Expectoration was fully established within a few hours. Since the third day of the disease the progress has been satisfactory. To-day was the twelfth day and he sat up for about twenty minutes. He is now taking strychnine arsenate gr. 1-30 every four hours with an occasional dose of Seidlitz salt.

At the beginning of the case I gave Kenyon's Hepatic tablet one every two hours until the bowels moved freely, then a dose of Seidlitz salts. Considering the severity of the attack, his age, and the fact that he was a "steady drinker," I consider the effect of alkaloidal medication all that could be desired. The nurse in attendance stated that she had never seen such effects from medication.

The apomorphine was dropped about four days ago. Pilocarpine muriate given daily in such cases will materially assist other medication. At first the diet consisted of buttermilk and animal

broths. Lemonade made weak and strained relieved the thirst and was given *ad libitum*. Following this there was given baked apple and celery. Now he is taking in moderation, eggs (poached), chops, steaks, light puddings and baked potato with tea and cocoa.

H. R. POWELL, M. D.  
Poughkeepsie, N. Y.

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### PNEUMONIA.

Have just closed up two cases of pneumonia in four days; that is, the temperature fell from 105 to normal on the fourth day. It was something remarkable; if the brickdust sputum had not been present I would have doubted my diagnosis.

It is hard for me to think that pneumonia can be stopped. I had it once myself for six weeks. I have just faith enough in the alkaloidal treatment to use it.

So far it has cured every case of pneumonia, except one patient 60 years old, with double pneumonia and mitral regurgitant murmur. Being very busy I directed that the husband call at my office for medicine, but as the wife was better he delayed till morning. Twelve hours of valuable time was lost, the congestion had extended, and death closed the scene when the heart played out.

F. M. JEFFERS, M. D.  
Lafayette, Ind.

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### RAYNAUD'S DISEASE.

Speaking of a case of Raynaud's disease you say: "I have not in my reading been able to find any record of a congenital case."

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Bronchitis: Capillary: In many cases it is good practice to give digitalin from the start and continuously.

Bronchitis: Capillary: Even in children it is well to keep their little hearts under the influence of brucine, enough, delicately dosed.

Loomis-Thompson, Vol. IV, page 744, says: "Mendel describes a case that started at nine months."

J. M. HOTSON, M. D.  
Strathcona, Alta, Can.

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I thank you for the reference. I was careful not to say that no such case was recorded, simply that I had not met with one.—Ed.

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#### TEXAS.

This is a very high dry country and healthy, the very place for consumptives and all individuals who like a healthy country and sport—hunting, fishing in the Colorado river, and beautiful scenery. With myself and Dr. McDonald to aid, they ought to improve.

C. M. ABERNATHY, M. D.  
Tow, Texas.

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#### THE EARLY DIAGNOSIS OF PHTHISIS.

I am asked to state how phthisis may be recognized in its early stages. I am aware that this is considered a difficult task, and would much rather that abler men should undertake it. And perhaps I may be able to stir them up to do so. To make a few blunders in that direction myself will be sure to stir them up. Good men feel it to be their duty to guard the field, and correct mistakes. So we invite the closest inspection and criticism; and no one will be more obliged for a frank and friendly correction than the writer.

The best definition of phthisis I have ever seen is that given on page 163 of the Feb. CLINIC, and it is wrong. See if it

isn't? "*The morbid condition which gives rise to the formation of tubercles.*" What causes that morbid condition? There is a cause back of the morbid condition. Others may dilate on the lowering of natural resistance, etc., but after all it will prove to be simple enervation, or lowering of the sympathetic.

There is surely a cause back of that, as exposure, fatigue, exhaustion, poor nourishment, self abuse, excesses, etc.; but these things are not the disease but the cause of the disease, and the effect they produce on the system is the disease, and that is sympathetic enervation.

The nerve power is rendered insufficient to carry on the normal process of secondary assimilation. The cell food is not taken in normal quantity from the blood, and the remainder, together with cell waste, remains in the circulation to decompose and produce the morbid condition above incorrectly defined as the disease.

Now, to diagnose a weakened nerve power is a very simple matter, and to correct the condition in its incipency is one of the easiest to do. It cannot be done with an anodyne. It is malpractice to give an anodyne to raise the nerve power, and yet we have all not only given it to our patients but we have all taken it ourselves; for at some time in our lives we have all had a lowered nerve power, which might have produced consumption under certain circumstances.

Every little nervous deviation should not be termed disease, but when there is in consequence a loss in weight of one or two pounds without an adequate reason other than enervation, such as extreme labor, exciting games with fatigue, long rides on the wrong road, mountain climbing, hunting, fasting, anxiety, intense

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Bronchitis: Capillary: All the iodides favor liquefaction of exudate and resorption of the products. Give from first.

Bronchitis: Capillary: Quinine in full dose to break up attacks at first, and the arsenate as a tonic throughout.

summer heat, etc., then the condition is disease, and should be rationally treated. For it is plain that the cells are not taking the normal quantity of cell food from the blood, otherwise there could be no loss in weight; though there may be a loss in weight from the above causes, when the cells are taking even more than the usual quantity, because the outgo exceeds the intake.

There is still an easier way to diagnose enervation, that is by the pulse. The circulation is entirely under the control of the sympathetic, and its regularity and normal force, or its vagueness and weakness, tell correctly of the vital condition.

Enervation is not apt to culminate in consumption or any other form of phthisis, but when phthisis develops, that is the cause of it, and is it.

In the early stage, before any organic lesion is produced, a good tonic is the rational treatment. It is aided in its work by the proper use of saline laxatives, calcium sulphide, and daily Epsom sponge baths (Epsom salt 1 oz., water 1 pt.), which assist nature in removing the morbid matters from the blood.

When enervation progresses so far that the morbid matters in the blood are seeking every outlet, and engorging the tissues with decomposing albumin charged with the poisonous products, gases, fluids and solids, of decomposition and recomposition, it is then that some of the weakest tissues of lung, liver, kidney, etc., begin to break down and form cavities, etc., and this invites invasion of pathogenic germs, and the disease becomes double.

Invasion may take place, generally does, yet it may not be, it is not, necessary to constitute phthisis. It is not exactly my opinion—for that is not formed yet—

that the bacillus tuberculosis is simply a friendly scavenger, but I do have an idea that this microbe may be of some advantage. But there are others which I think are surely pathogenic, and it is likely that their presence is the cause of the different types of the disease.

When enervation is the only abnormal thing to treat, a vital tonic and eliminants are the only treatment required; but when tissue lesions are present, the reconstructive cell salts should be added. And if the nerve power does not readily respond to the tonic, a stimulant should be added also. And one other thing is very important, the entire exclusion of anodynes, and every drug that tends to lower vital force and the recuperative powers. If you tie these down with anodynes, etc., the case is hopeless, and you have made it so.

Dr. Taylor's bran coffee, or bran buns, together with a diet of the whole grain flours, will probably answer instead of the cell salts above named. See Feb. CLINIC, p. 161. Also in the same number Dr. Burch's eggs and milk contain all the cell salts. But the eggs should be cooked before eaten, not eaten and then cooked or coagulated. If the eggs are cooked properly you have an opportunity to chew them so that they may be digested naturally, but if swallowed raw they will be coagulated in chunks and flakes, hard to digest. Yet most stomachs will do it, and we ought not to urge a trifle against a good thing, and the doctor's plan of feeding is a good one. We would be glad to hear from him more particularly in regard to his ozone treatment, just why, and what it does, and how to use it, so we can try it. We are aware that oxygen may be so used to enable a limited lung surface to more thoroughly



Bronchitis: Capillary: Ammonium iodide combines two very useful qualities—stimulation and liquefaction.

Bronchitis: Capillary: The best remedy for the cough is iodoform since it also promotes resolution. Give to saturation.

oxygenate the blood, but  $O_3$  might be too much of a good thing, even destructive to delicate tissues. It would surely eat the skin off my friendly (?) microbes.

The CLINIC is out for the greatest good to the greatest number, so let me tell how to cook those eggs, and quit. Place the eggs in cold water on the stove, and let them heat with the water. When the water sends up its first bubbles, showing that it has reached the boiling temperature, take the eggs out immediately. Serve with butter and salt. They are good.

I notice that all the journals are stirred up on the subject of phthisis, most of them are harping away on the same old inharmonious tunes, nothing practical; but the CLINIC is ahead of them all, and before the year closes will crystallize a successful remedy into alkaloidal granules. Let every one contribute to this good work.

DR. WM. H. BURGESS.

Avondale, Tenn.

—:o:—

Neither the pathology nor the treatment of phthisis are simple matters. Nevertheless we can wear away a pretty big rock by rubbing off particles.—ED.

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# **EPILEPSY, LIKE THE POOR, IS ALWAYS WITH US.**

The cases as they go are not common, yet taken as a whole there are many of them (the state of Pennsylvania alone is reported to have over 12,000 well known cases), therefore any treatment that gives promise of cure is worth our attention. A recent article by Dr. George Hetrich, Birdsboro, Pa., attracts my attention as typical of commendable

modern effect along this line, and I quote entire:

"In April, 1900, I was consulted by the mother of Walter L., a young boy, aged 14 years. She described her son's case with such a vivid and clear description, that I had no difficulty in diagnosing the case as one of typical epilepsy without any further questioning upon my part.

"The history of the young boy was that since two (2) years of age, he had been subject to spells that at first were from four (4) to six (6) weeks apart, but which became more frequent until the time when I was first consulted he was subject to these spells twice and three times a week, and at odd times would get them every day for several days in succession, and then they would remain away for a week. They were not only increasing in frequency, but also in severity. The mother in describing the attacks, stated that she was fortunate in being present several times when her son was seized with these attacks and hence was able to give a very intelligent description of them. She stated that in one of these attacks, they were out working in the field, when she noticed the boy stood still, and commenced staring, made a short outcry and then commenced to reel and fall forward and to the side. During the attack he would foam at the mouth and nearly always bite his tongue (although this was not a constant occurrence), he would become rigid and stiff, and always lost consciousness. His attacks would not always break out in such a fulminating character, but instead of becoming rigid, would jerk constantly until attack had passed off. These attacks to the best of her knowledge would last from three to five minutes. He would arouse after the attack and complain of violent headache and be stupid and apathetic for the remainder of the day. The mother stated that they consulted their family physician who prescribed the bromides, for the patient exhibited a typical eruption of the acne which I attributed to that remedy. The

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Bronchitis: Capillary: At all ages the application of iodine to the chest, or poultices, or Antiohlogistine, is fine.

Bronchitis: Capillary: The most promising remedy to-day is iodized calcium if good in quality and pushed for effect.

remedy had at first given relief so far as frequency of the attacks was concerned, but eventually it lost its efficiency.

"I spent a very considerable time in examining the patient, thinking possibly that I would be able to find some cause for these attacks; the boy was fairly well nourished, skin sallow over entire body, dull countenance and he appeared to me to be unusually shy, could not get him to talk as freely as a boy of his age usually would, the liver was not enlarged, but tender, the epigastric region prominent and tender, due not to enlarged left lobe of liver, but to flatulent condition of stomach. The heart and lungs were normal and no albumin and sugar in urine, but the urine was loaded with phosphates and urates.

"The prepuce I found partially adherent and at no time could I get the boy to admit self-abuse, nor upon close watching by father and mother could I elicit any such practice. After getting more familiar with the boy, he explained to me his feeling previous to an attack, when I discovered that he had a distinct *aura*. He described that feeling—as something starting in the abdomen and then going up to his head. He could not however give me any description of that feeling, more than say that something starts from that point. He located the starting point around the umbilicus.

"I next directed my attention to the character of the alimentary discharges which neither the patient nor mother could at that visit give me any information of. I gave minute instructions to find out how many discharges in 24 hours, the color of them and other characteristics as to odor and consistency. I did not place the boy on any treatment at that time and requested them to call again in a few days or whenever they would be able to answer the above questions more correctly. In the course of a few days, they returned when the mother told me that the discharges were clay-colored, horribly offensive and their consistency was semi-solid, and looked as

if some yeast had been added to them, or in other words, they were fermenting.

"The family history was good—father and mother both living and well—no epilepsy on either side and no specific taint. I then reasoned that this boy's epilepsy was rather due to the condition of the alimentary tract and contents, and that this was a case of autotoxemia,—the toxins irritating the terminal ends of the pneumogastric nerve, which reflected the irritation to the brain and produced the epileptic seizures. I at no time could believe that the partial adherent prepuce was a factor in their causation. I forgot to mention that the boy was very near-sighted and at one time thought perhaps that the eye condition played some part in producing these attacks. The family at that time was not able to take the boy to an oculist, but later on I had his eyes examined by Dr. Muhlenberg, a member of this society with the result that I will mention later on, in describing the treatment.

"If my reasoning was correct, that this was primarily an autotoxemia, it naturally followed that I should direct my treatment entirely to the alimentary tract.

"*First.* I carefully went over the diet with the mother and forbade all foods that came from an animal. I made this point as impressive as possible, and, having a willing mother, I was confident that this part of the treatment would be strictly carried out. She realized that if these attacks would continue for a few years longer, that the spell habit would be still more difficult to break, and that his boy would remain a care upon her hands for the remainder of her life, and she entered upon this part of the treatment heartily.

"The medical treatment was directed to a thorough cleansing of the alimentary tract and keeping it clean. I prescribed from gr. 3 to gr. 5 of calomel once a week, to be given in the evening. I also prescribed gr. 5 of the sulphocarbolates every three hours until the evacuations



Bronchitis: Capillary: Do not use pilocarpine: it sometimes causes pulmonary oedema. Use elaterin instead.

Bronchitis: Capillary: The use of circulation equalizers early must not be neglected—aconitine or veratrine with digitalin.



from the bowels had no offensive odor, then in smaller doses.

"In addition to the above treatment I added gtt.  $\frac{1}{2}$  of carbolic acid to 1 dram of elixir pepsin after each meal, as an aid to the more thorough and perfect assimilation of food, and I am gratified to say that the boy has had no seizures except what I will now mention.

"The patient was on the above treatment from April, 1900, to June, 1900, with no seizures, when the father upon my suggestion consulted an oculist who found a marked inflammatory condition of retina for which the doctor prescribed and suggested the use of iodide of potassium.

"I discontinued for the time being the treatment that I had instituted and gave iodide of potassium until all retinal inflammation had subsided, which treatment extended over two months. Within ten (10) days after commencing the use of iodide of potassium the epileptic attacks returned with same frequency, but notwithstanding their return, I continued the use of potassium iodide until the doctor suggested its discontinuance.

"In August, 1900, the former treatment of the antiseptics was again instituted, and he has had no seizures since. For the first year, I have reasonable assurance that he received no animal food whatever, but at the end of that time I allowed butter, beef, mutton, chicken once a day, but sparingly, and to see that food received proper mastication.

"The remainder of the treatment was kept up until last month, having then dropped the use of the sulphocarbolates. He now is taking his weekly dose of calomel and the pepsin preparation with each meal. The condition of the boy is so changed. He is bright, memory which was failing is better, takes interest in his studies and work again, and the mother tells me he is so very much changed mentally, that she hardly realizes that he is the same boy. His skin has also cleared up.

"Before closing this paper I wish to

draw the attention of the members to a few points in this case:

"(1) Duration of these attacks and their recurring frequency and severity. Naturally militating against a good prognosis.

"(2) Absence of antispasmodic treatment.

"(3) Diagnosis of the case."

— o o —

Believing that this paper was of great value I referred it to Dr. Brewer, who is perhaps our best available authority, and in reply I have the following:

*Dear Doctor Abbott:*

I have read this paper with a great deal of interest. The treatment, is one that I have been familiar with for a long time. The calomel and the pepsin, the abstaining from meat, the disinfection of the bowels by carbolic acid, all bring results, more or less favorable.

And yet if you could have the observation of this case six months or a year hence you will be satisfied that there is something lacking to establish a resistancy to the seizures.

They will return and be more persistent than ever—at least that has been my own experience. I have been all through the awful grind, and hope and joy—a big hurrah up on the mountain found me just crawling out of the gutter of defeat within a few months.

The treatment with disinfectants of the bowel should continue. No let up on treatment or diet regime for two years. A stimulant that will aid cellular growth which must contain phosphates and salines would bring that boy through all right. Without it, if I am not mistaken, the doctor will be in the same position that in the past has caused me great embarrassment, I 'crowed before I got out of the woods.'

Horatio S. Brewer, M. D.

Possibly Dr. Brewer overlooked the fact that the treatment of this case began in 1900 and that it was not reported



Bronchitis: Capillary: In infants we have had good results from 10- to 20-grain quinine suppositories with iodine to chest.

Bronchitis: Capillary: Camphor and quinine in full dose may break an attack at the start but be wary of opiates.

till some two years later. We should like very much to hear from Dr. Hetrich.  
—Ed.

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### PHTHISIS.

Strychnine arsenate gr. 1-30 every two hours for two weeks stopped entirely exhausting twenty-four hour sweats of a case of phthisis. Patient died two weeks later, so process in lung not affected.

R. L. CALDWELL, M. D.

Grove, I. T.

—:O:—

If strychnine arsenate could cure a consumptive within two weeks of death, wouldn't it be a God-send?—Ed.

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### CALIFORNIA NOTES.

#### SEA-SICKNESS.

I am in a seaport town, where I have an abundance of these cases, and this is my routine treatment:

Sleep in a hammock for a week before the expected trip, to accustom yourself to a bed with unsteady foundations.

Make a complete clean-out with Saline Laxative.

Just before going on board get under the influence of gelsemium.

It's too bad to spoil a lovely sea-voyage by being beastly sick.

#### PEPPER-WOOD.

This tree is evergreen, and grows to large proportions. I have seen it in the Sierra Nevadas as well as along the coast. The leaves contain medicinal properties similar to the peppers of the pharmacopoeia. The leaves crushed and the odor inhaled, is fine for coryza; chewed

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Bronchitis: Chronic: All the iodines loosen sputa and promote resolution and absorption. Try iodoform for the cough.

and swallowed it acts as a stimulant to the stomach. I like it as a condiment for my food, better than red or black pepper.

I use the crushed leaves as a counter-irritant in backache.

#### EARACHE.

I was once away from my base of supplies with a severe case of earache to treat. Fully half a dozen treatments were given, until I dissolved a half grain of morphine in a little warm water and poured it into the ear. Since then I have used no other treatment for earache.

#### "LOST MANHOOD."

I know a "lost manhood" specialist who takes a specimen of urine in a test tube, adds solution of silver nitrate, the salt of the urine forming silver chloride, as a milky precipitate, and this frightens the youth into being treated right away. By using a weaker solution a magnificent improvement in the fake disease can be demonstrated.

#### WOUNDS.

Here is a splendid application for wounds: To carbolic acid add all the camphor it will dissolve in 24 hours. It forms a yellowish liquid, having properties differing from those of each ingredient. Applied to a wound constantly it keeps it clean, free from pus, promotes healing, and does not whiten the skin like carbolic acid.

#### CAPILLARY BRONCHITIS.

I have had three cases. Potassium bichromate loosened the stringy phlegm for the first child; the other two died. What is the best treatment?

#### ECZEMA MARGINATA.

The back of the hand first showed the disease, then it extended slowly up the fore arm; no telling where it would have stopped. I used pure sulphurous acid—

Bronchitis: Chronic: For the spasmodic element, dyspnea, etc., the remedy is cicutine hydrobromate, dose enough.

not sulphuric—as a local application, result, “heap good.”

FRANK POLLARD, M. D.

Albion, Cal.

—:O:—

I am glad to know that you are still living and able to sit up and write. In capillary bronchitis of children, paint the chest with tincture of iodine, apply red-hot poultices or Antiphlogistine, give calcium iodized to full effect of the iodine, and a 10 gr. quinine suppository every 8 hours.—ED.

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# TREATMENT OF TYPHOID FEVER

My experience in the treatment of typhoid fever has been satisfactory to myself and all concerned for the last fifteen years; while for twenty years previous my treatment according to the text-books was anything but satisfactory to myself or any one else, all running a long course, developing nearly all the symptoms spoken of by the text-books, with many complications. And if convalescence ever was established, the patient was so weak and emaciated that it was weeks before he could be out of bed and around. Yet I don't claim to cure all. My experience is, that do all that can be done, some will die.

In the summer and fall of 1890 I treated 87 cases with two deaths. In 1898 I treated 71 cases, one death; and at about that rate each year.

The physician should teach the laity that in all suspected cases of typhoid the physician should be called early in the initial stage. When called, have the surroundings cleared up and put in sanitary condition. Place the patient in a well-ventilated room, the larger the better.

Bronchitis: Chronic: For profuse or fetid sputa, thymol, myrtol, menthol, eucalyptol, copaiba, cubeb, benzoic acid.

Open the windows and leave them open. Remove carpets, pictures, and all the furniture not needed. Dress the patient in a loose gown, which, together with the bed linen, should be changed each day. All clothing, clothes, bed linen, etc., removed from the patient, is to be placed in a tub of chlorinated lime water. Stools and urine are to be rendered aseptic, taken a distance from the house, and buried. A first-class nurse is all important.

Begin treatment by clearing out the bowels with calomel, followed with saline, to be repeated until the bowels are moved freely, and see that they move at least once every twenty-four hours.

Give zinc sulphocarbolate, gr. 5, in solution every two hours, or sufficient to render the stools odorless. If the stomach will not retain the zinc, give soda sulphocarbolate, or W-A Intestinal Antiseptics; and be sure to give for effect. If it takes gr. 10 at a dose to render the stools odorless, give it.

If the temperature is above 103, sponge the face, hands, arms, etc., with cold water; if the cold water is unpleasant or makes the patient shiver, sponge with warm water and use a fan freely. And each day in the afternoon sponge the entire body with warm water, saturated with soda bicarbonate; give cold water to drink freely; keep the head cool and the feet warm; wash the mouth often with boric solution; give strychnine arsenate and digitalin when called for by the action of the heart; examine the lungs, heart and over the region of the bladder each visit; be on the watch for any complications.

The diet should be liquid, raw white of egg stirred in cold water, beef and fruit juices, Peptonoids, Bovinine, coffee,

Bronchitis: Chronic: An occasional dosage with colchicine is useful for gouty and rheumatic, plethoric cases

oyster soup, rice water, etc. Don't feed too much at a time or too often, not oftener than every three or four hours.

With the above or sulphocarbolate treatment, the temperature will fall from one to three degrees in twenty-four or thirty-six hours; the head is relieved, and the diarrhea that the text-books speak of as the worst and almost constant symptom will be entirely wanting, restlessness and delirium will hardly call for treatment, and there will be a decided change for the better in from twelve to fourteen days.

But if you don't see the patient in the early stages, or through negligence of the nurse you find the bowels swollen and tender, a dark, dry, brown tongue, or tongue red like a piece of raw beef, or smooth shining like glass, continue the sulphocarbolates and give eight or ten drops of turpentine in emulsion every two hours, until the tongue is moist and white, then not so often. Apply cold to the bowels. If constipated, use a clyster of milk one-half pint, one egg, and from half to one teaspoonful of spirits turpentine, beaten together; and repeat every six hours until movements occur. Support the heart with digitalin and strychnine arsenate; stimulate with coffee and aromatic spirits of ammonia; in hemorrhage of the bowels keep perfectly quiet and give atropine and ergotin hypodermically, also opium and hydrastinine.

If the stomach rejects food give nuclein hypodermically, and feed by the rectum the following: Milk 6 oz., one egg, well mixed, and repeat every six hours, after first washing out the bowels with an antiseptic. If nervous, the bromides, hyoscyamine and camphor monobromated. Watch the patient close-

ly; he may be alright one day and all wrong the next.

I have not written this to advance anything new, but simply to support the sulphocarbolate treatment, which I am thoroughly satisfied will give the patient the best chances of recovery.

J. C. WADE, M. D.

Heaters, West Va.

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### TYPHOID FEVER.

I much appreciate the different remarks on typhoid fever. I am well aware some physicians will never believe that a case of typhoid fever can be considerably ameliorated by the use of the alkaloids and antiseptic treatment. I have been in active practice 17 years, and for 12 years have been working with the alkaloids. I know that typhoid fever treated the old way lasts from four to seven weeks, and by the new way 12 to 20 days. I tell you, when I go to a case of typhoid I do not dread it, as I am satisfied if my directions are followed I have a case of simple fever on hand inside of six days.

Last fall I had a case three miles from town. I only visited the patient five times. In three weeks he was in town visiting me.

The only trouble is that the people cannot be convinced the patients had typhoid. But never mind. I would not return to the old method. From a money standpoint the old treatment was the best for the physician.

When I started out to use the alkaloids there were very few who used them; but see how they are coming on and imbibing the truth. I only wish the schools would allow their therapeutics professor full sway, so he could give his ideas; but the

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Bronchitis: Chronic: Barosmin has been recommended for profuse thin watery secretion, and to promote healing.

Bronchitis: Chronic: For fetid sputa and breath, carbolic acid, creosote, turpentine and the volatile oils.

rules are laid down, and if he does not follow them, out he goes.

I would advise the young doctors to take up the study, and in years to come they will be glad and thankful to the older physicians who have given them the tip.

JULIUS WESSELOWSKI, M. D.  
Jewell City, Kansas.

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So say we all of us. Let the young men start in right; they haven't the time to waste over that obsolescent mass of rubbish that every intelligent man in the profession despises.—Ed.

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#### TYPHOID FEVER.

I have been a reader of the CLINIC for three years, and have been very much interested; and have been well satisfied in taking notes from our brethren's experience, till recently I have been impressed to drop a short sketch of my experience with typhoid fever.

In almost every patient in this damp and malarial district I have more or less biliousness to contend with, in fact, it seems to be one of the important points to consider; and as the first step in this direction if called to a patient in the first few days of sickness, I prescribe calomel, gr. xxv, divided in five parts, with a small portion of soda, ipecac and Dover's powder. If no particular inflammation is present I drop in about gr. v of podophyllin. Direct: One powder to be given every two hours till bowels act freely. If diarrhea is present podophyllin is not indicated, but small doses of calomel combined with bismuth subnitrate, repeated every two or three days

or as often as fetid breath and coated tongue indicate.

I seldom give more than one-grain doses of calomel after the first cleaning out, but direct that much every hour till bilious discharges pass from the bowels, or till ten doses are taken, and follow always with Saline Laxative if necessary. I keep clean with W-A Intestinal Antiseptics to keep the stools odorless. I control fever with aconitine; if it rises very fast and high I wedge in a dose of antifebrin; steady the heart with digitalin, strychnine; and give quinine, gr. ij, every two hours when fever starts down; quinine arsenate while fever is high; turpentine stupes over howels, and one or two drops of turpentine every day; bath if indicated, and I bathe feet in hot water when cool.

Now we have a patient that is very weak and bilious, and sweats profusely; too weak to take calomel; sweats too much to take an antipyretic; fever 104; what shall I do? I give atropine to check sweating, and emetin or powdered ipecac, gr. ½, every thirty or forty minutes to keep up slight nausea, a few doses; and follow with calomel, gr. j, every hour till bowels move, and generally fever is not so high the next day.

W. F. SHELTON, M. D.  
Tesla, Tex.

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#### TYPHOID FEVER.

From February CLINIC, page 185, it appears from Dr. Dodds' article there is some misunderstanding about aborting typhoid fever. I want to suggest to Dr. Dodds without giving the whys and wherefores, that the next case he diagnoses as typhoid fever, the first thing for

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Bronchitis: Chronic: The indication for copalva to dry up secretion is oftener found than in the acute forms.

Bronchitis: Chronic: Myricin, a stimulant expectorant, has been highly recommended. From myrica cerifera.



him to do will be to douche out the lower bowels up to the ileocecal valve, with water at 112 degrees with twenty drops of carbolic acid to the quart.

Doctor, you cannot do this at one operation. Put in all the water you can and let it remain as long as it will; when it passes off, in fifteen minutes repeat it; and continue repeating the operation until you have four desires of your patient to defecate; the first desire will be at the sigmoid flexure; the second at the junction of descending and transverse colon; the third at the junction of the ascending and transverse colon; and the fourth at the ileocecal valve. The three first can be obviated by shutting off your pump until pain subsides; then give calomel to arouse secretions. After giving the first dose of calomel turn a faradic current on your patient, with one pole between his feet and the other held with both hands, for fifteen minutes; after that follow with effervescent salts.

When both upper and lower bowels are cleared out, and you know it, then give the sulphocarbolates until all smell is gone from the evacuations; give De-fervescent granules until temperature is within half a degree of normal, or your patient begins to sweat; add to each dose one granule of strychnine arsenate to maintain heart action. Give the patient all the cold water he can drink and if necessary give diuretics with it; flush the bowels every twelve hours, let nothing accumulate. With hot water and carbolic acid, sponge your patient from head to foot and rub dry.

Try this treatment. It won't kill him, and you will be surprised to see how quick your patient will be up. Watch for a subnormal temperature, and if it comes give him glonoin and whisky until

you get it up to normal again. If you do this you will not have to shape remedies for subsultus tendinum, tympanites and hemorrhage; they are the results of protracted cases of typhoid fever and not pathognomonic symptoms of the disease.

E. T. LEWIS, M. D.

Woolworth, Tenn.

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### TYPHOID FEVER.

I have been following with much interest the controversy over the possibility of "aborting" typhoid fever and I must say that I sympathize with Dr. Dodds in the struggle he is making. The contest has seemed to be one-sided, because almost every one who has written has been against him. Hence I will write in his defense. Possibly others have kept silent from the same reason that I have, i. e., because the proposition of "aborting" typhoid seemed so utterly untenable that it did not seem worth while to discuss it.

Perhaps the profession here in the east is more conservative than our western brethren, in accepting new ideas and methods of treatment; or possibly the types of typhoid cases seen here vary from those in the west. Be that as it may, I am sure that I am safe in saying that of the leading men in New England not 1 per cent of the rank and file of the profession believe in the possibility of "aborting" typhoid fever by means of drugs. Of course you will say that is not proof of the fact. Granted. It is merely an opinion, but of some value nevertheless. On the other hand, what proof is there that a single case has been "aborted" by drugs? Nothing but clinical opinion.

I do not wish to doubt the diagnostic

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Bronchitis: Chronic: The iodines are good for scrofulous cases and those resisting treatment; iodoform, iron iodide, lime iodized.

Bronchitis: Chronic: Codeine, iodoform, cutine, cyanide zinc, camphor monobromide, to allay cough and allow sleep.

ability of the men who have reported cases, but it is a well-recognized fact that mistakes are made frequently by the best of men, and no case but one which has undergone all the requirements of diagnosis, such as the Widal test and a bacteriologic examination of the blood, will stand the search-light of close investigation.

The editor has cited such a case of his own. Granted it is so, granted that many other men report such cases. What does it prove? Nothing but that they have chanced to have a case of naturally "abortive" typhoid; a type well-recognized and described in any good textbook (Twentieth Century Practice of Medicine, page 695). Typical cases of typhoid frequently occur, which abort without any treatment, at a period varying from five to twelve days, according to this authority.

Now for a little personal experience:

I have used various kinds of so-called intestinal antiseptics, including zinc sulphocarbolate, and have never seen a case that I thought was shortened by their use, although in many cases they undoubtedly do good in other ways; in fact, I almost always use zinc sulphocarbolate in cases where the stomach can tolerate it (I find many people who cannot take it on account of the nausea it produces). Of the rest of my own treatment there is nothing to be said; it is probably no better or no worse than the average practitioner's elsewhere.

I have endeavored to treat the patient, not the disease, and to meet the symptoms as they arise; and as I have only had one death in the past six years, I feel it has been fairly successful.

I have hoped to voice the sentiments of



If typhoid fever aborts sometimes without treatment, why shouldn't it do so with treatment?

some of those who do not believe typhoid can be aborted by drugs.

One word more on another subject: I have seen the statement made several times in the columns of your journal that atropine should be used to lower blood-pressure, as in case of rigid arteries, where it was wished to use digitalis in connection with it. Now this is contrary to all my teachings and experience. What is the authority for it? Potter, Hare and Wood, say that atropine is a vasomotor stimulant and raises blood-pressure.

C. L. UPTON, M. D.

Shelburne Falls, Mass.

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When a patient is steadily growing worse and sinking into a typical typhoid fever, until his alimentary canal is cleaned out and rendered aseptic and he at once begins to recover, it is very hard for us to believe it "just happened that way." And we must insist that a single case proves the possibility, and that is all we claim; especially as it harmonizes with the general results of the use of these remedies. And we never claimed that "using the sulphocarbolates" is enough to insure abortion of a fever, regardless of dose, purity, and all other considerations.—ED.

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#### TYPHOID FEVER.

Dr. Dodds' article on typhoid fever in the January CLINIC, also his comments in February CLINIC, impress me with the fact that he is not familiar with the proper treatment of this disease.

I don't intend to be severe in my criticisms of his treatment, but typhoid fever is seen as the cause of death on so many death certificates that every physician should give it all the attention he possibly

Bronchitis: Chronic: Tenacious sticky mucus, hard to raise without painful straining, calls for codeine and apomorphine.

can. We have a treatment that will make the mortality rate almost nothing. I don't think I make it too low when I say it should not be over two or three per cent.

First, Dr. Dodds says: "Must we look elsewhere than to the professors of our colleges and hospitals for the abortive treatment of typhoid fever?" I regret to answer, yes, we have, with few exceptions. I have not been able to find any text-book that gives the true principles of the antiseptic treatment of this disease. To be plain, Dr. Dodds did not use his antiseptics with any intelligence. If he had given them the study that they deserve, he would have laid a better foundation before beginning their use. He seems to me to have lost sight of the pathology of this disease.

The battle-ground of typhoid fever is in the lower part of the small intestines. Here we have the bacilli multiplying, giving off toxins, with formation of gas, with offensive odors, ulceration, hemorrhage and perforation, also absorption of toxins followed by the typhoid state.

When called to a case, before using your intestinal antiseptics, clean out the alimentary canal. That is the cardinal principle, in getting odorless stools and very little tympanites. Those who fail to do this, fail to get the results from their intestinal antiseptics. How shall we do this? Those who give a history of constipation, or sluggish bowels, give a prescription something like this: Calomel, gr. i, podophyllin gr.  $\frac{1}{4}$ , compound extract of colocynth gr. iij, extract hyoscyamus gr.  $\frac{1}{4}$ , every three hours until bowels have moved freely, six or seven times; also give several saline enemas. Then follow next day with calomel, gr.  $\frac{1}{8}$ , every two hours for six or eight

doses, also begin your intestinal antiseptics.

I have tried a great many and my preference is the sulphocarbolate, and to give enough to accomplish results, regardless of dose. The third day stop your calomel and give enough Saline Laxative to keep bowels moving about four times in twenty-four hours, and keep this up until temperature comes to normal.

Now, what have you accomplished? You have emptied the alimentary tract and flushed out the lower portion; you have gotten rid of a lot of offensive filth saturated with typhoid bacilli. You keep this from recurring by keeping up your sulphocarbolates and Saline Laxative, and now you will begin to see the good effects of intestinal antiseptics, viz., odorless stools, very little tympanites, and a falling temperature.

With this advantage gained, next turn your attention to the toxins absorbed. My preference here is the hypodermic solution of Viskolein, which is a solution of sulphocarbolates principally; ten to twenty minims twice a day; and Protonuclein five grains every two hours. Protonuclein will increase the white corpuscles, strengthen their resisting power; Viskolein will neutralize the toxins.

You will perceive that I have only given treatment thus far to remove the causative factor in this disease; then I go one step further, and neutralize the poison from the bacilli, and strengthen the resisting power of my patient. It is true, all cases do not yield as quickly as some, and once in a while you will have a case that will die; but they will be cases that are complicated with some chronic disease, or old age. I have had a large number of typhoid fever cases to treat



Bronchitis: Chronic: For relaxation, local and general, give strychnine enough to give relief; may require big dose.

Bronchitis: Chronic: For dropsy that may occur in late forms, give digitalin or apocynin in full doses with dry diet.

in the last five years, in which time I have been using the above treatment, and have never had a case to go longer than twenty-one days before temperature came down to normal; the great majority come to normal in fourteen days.

I shall say very little in regard to complications, for two reasons: first, with this treatment in my hands no complications have occurred; second, we know what they are liable to be, and how to treat them. If you have a weakening heart use strychnine arsenate; if it is irregular use cactus. And let me say right here it is the best remedy for an irregular heart that we have. Give two or three drops of specific cactus every two hours and note the result. Turpentine or ammonioferric alum is the remedy for hemorrhage. I prefer the latter. Have never had a case of hemorrhage in my own practice. If temperature has a tendency to run high, add Echafoita to sulphocarbolates; increase the Protocnuclein to seven grains every two hours, also use cold sponging or a cold water coil on the abdomen; the latter is my preference. The Defervescent Compound is excellent in the beginning of the disease. Give your patient plenty of pure water to drink, keep his mouth clean, also body and bed linen; and last but not least, keep the stools in an antiseptic, such as bichloride, lime or formaldehyde, one hour.

Dr. Dodds uses quinine. It is not needed. If it does anything, it does harm.

This treatment is simple; your patient's stomach is not being filled with medicine every little while; he has a chance to rest and an opportunity for nourishment. In summing up, you clean out, keep clean with Saline Laxative and sulphocarbolates, neutralize toxins with Viskolein.



Bronchitis: Chronic: For the nervous element, dyspnea, etc., cerium oxalate will sometimes do a service that is hard to explain.

What follows? Temperature comes down to 101 or 101.5, and gradually comes to normal in ten to twelve days, no nervous symptoms appear, no complications to worry over.

As to diet, if you use milk add lime water. Malted milk, Panopepton, Peptonoids and fresh beef tea are all good, and should be given first one and then another, so as not to tire the patient. Some say milk and beef tea are culture mediums for bacilli. With plenty of sulphocarbolates I will risk it. Then we have grape, orange and lemon juice, which is refreshing to the patient. Give him plenty of sunlight and fresh air; keep as little furniture in the room as possible, and have your medicine on a table that is neat and clean, where your patient will not see it every time he opens his eyes. The latter applies to all cases of sickness.

N. W. FRANCIS, M. D.

Starke, Fla.

—:O:—

We are letting our friends run this typhoid fever discussion, for we are not advocates of anything but the truth. If the antiseptic treatment is not the best we want to know it; but if it has virtue and the clinical observations of a quarter century have been correct, and the deductions therefrom warranted, we do not propose to let the method sink under the opposition of jealousy. The CLINIC brotherhood has brought out one fact clearly, and that is the paramount importance of completely clearing out the bowel at the first and keeping it clear of fecal accumulations. In other ways the experience of real doctors is developing and improving the technique. If, along with this we could get the profession to appreciate the importance of "dose enough" when using a well-selected

Bronchitis: Chronic: Collinsonin has been recommended, but we are not familiar with it or its indications.

remedy, we should be saved seeing good space used in the current medical press attempting to prove that absolute truth is abject error. Its the point of view, Brother.—Ed.

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### THE DOCTOR'S WIFE HAS A LONELY LIFE.

"Do you know the news of the day?  
Doctor is married to Miss May!  
Only happiness will she know.  
For now she is Mrs. Dr. So and So.  
I always admired a degree:  
That is, one truly earned, you see  
It means so much genuine thought,  
With lots of brainy battles fought."

Note for Doctor and Mrs. So and So:  
Invitation out, "Will you go?"  
"Yes, my dear, a change will be good,  
A change of scene, a change of food."  
What a pleasure to doctor's wife,  
Who's just begun her sad, lone life.  
Dinner's past, doctor asks: "Don't go?"  
"No, doctor dear, as you well know,  
You had that call so far from home,  
So I remained here sad and lone.

Not that I've missed a dinner. No!  
Nor staying home have made a foe.  
But I do mourn that he must work,  
While others laugh, and eat, and flirt.  
I don't begrudge a pleasant time  
To any one in any line,  
But why must he be burdened much  
When others work will never touch?  
Would that I might his burden bear  
And take from him his every care,  
That he might be a boy again  
And never know the aches of men.

The work I do will never kill.  
It's worry with my heart I fill;  
Worry because the doctor's ill.  
No time for him to take a pill.  
How can I do for him at home  
When I am here so sad and lone?  
How many times I've been to bed,  
Listening for faithful Hester's tread.  
She'll bring the doctor safe, I know,  
Then wait her oats in crib below.

When doctor comes, I softly say,  
"You are very tired. Will this pay  
For all you are going without,  
Too tired to know what you are about?"  
"Be sure to call me. Say no more.

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Bronchitis: Chronic: Hydrastin is admirably suited to those cases that show relaxation of the tissues and need toners.

I must be up and off at four."  
It's all the same, sunshine or pour.  
He must be busy evermore.  
He *shall* not go 'till he can eat.  
Coffee and toast! Isn't that a treat!  
Watching and waiting all alone,  
Waiting him come, watching him home.

Now he is off. What shall I choose?  
Make out his bills? These are my dues:  
Mend socks, clean clothes, prepare the meal,  
Entertain callers. How I feel!  
Answer 'phone. Wait upon a few.  
What do other wives have to do?  
Attend my housework. Do my best.  
I have no time to stop or rest.  
But this my pastime, this my home,  
To remain there so sad and lone.

Elev'n long years gone by are they  
And little Roger said one day  
(Roger's our little son, but eight),  
"What makes my papa come so late?"  
"I cannot answer now, my child."  
So many "why-don'ts" they are wild.  
I only know we are here at home,  
And always will be sad and lone.

Our work while we are here below,  
Is, to Papa all kindness show,  
Save him a step, light'n his care,  
Heal all his wounds that others tear.

And to me comes this sweet command:  
A wife's true love for her husband,  
A mother's pure love for my boy.  
Lo, the meek shall increase their joy.  
"Then hush, my child, a promise true  
Is given all, and not a few.  
God will in Heav'n a home prepare  
For you and me, with equal care,  
So when we reach that place we're told,  
With no more lone days as of old,  
We then shall know a real true home,  
Papa'll be there, not we alone.

Mrs. Dr. C. D. P.

Worcester, Mass.

—:o:—

Now, Doctor, why do you turn your head away and bring out your handkerchief? Don't you know that every doctor's wife in America has a clear title to a place on the roll of saints and martyrs? Must it be so? Don't you owe her something as well as your patients? Something besides board, clothes and babies?  
—Ed.

Bronchitis: Chronic: Helenine is a remedy that seems well worth study for the persistence with which it is urged.



# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

To M. L. T., St. Louis, Mo.

We do not answer such queries through the CLINIC at all, nor to correspondents unless they are physicians and known to us as such.

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REPORT ON QUERY: "Nervousness."

In my case of nervousness caused by neuralgia, the W-A Nervine acted like a charm. My patient is O. K. I cannot well do without the CLINIC.

J. T. W., North Carolina.

✎

REPORT ON QUERY 3598:—"Auto-toxemia." Your advice has been followed for four weeks. I feel very much better, although I cannot go outdoors enough for exercise. I walk six blocks three times a day. I sleep better and have not needed any digestive medicines. Sincere thanks. The alkaloids are all right.

M. K., Pennsylvania.

I am very glad to hear that you are improving, and feel sure that you are recovering; but you are not yet taking enough exercise. Get a wheel, Doctor,

and use it; also put in your Sundays in the open air.—Ed.

✎

REPORT ON QUERY 3547:—No benefit has followed treatment. Could you suggest further?

W. S. Y., Pennsylvania.

I made a mistake in overlooking the morning diarrhea, which is sometimes evidence of a rectal ulcer. Look to the rectum. If necessary give an anesthetic and dilate the sphincter completely, and treat ulcer, fistula, piles, polypus or anything else you find there. In fact, on re-reading your letter, I don't know how I came to overlook this matter.—Ed.

✎

REPORT ON QUERY:—I put the patient on boldine as you suggested, gr. 1-67, seven times per day; weight about 90 pounds, urine 20 to 40 ounces per day, with solids from 300 to 440 gr. per twenty-four hours.

The first three days under boldine and Saline Laxative, then she began to be restless, so I added alnuin which quieted.

Feb. 2, began boldine and on 4th, urine 36 oz., solids 360 grs.; 5th, 60 oz., solids 450 grs. Had bad spell with stomach and stopped all medicines for a day. On 7th, 40 oz., solids 613 grs.; 9th 35 oz., solids 320 grs. Am continuing the boldine and aluvin and hope to make a permanent cure, patient improving slowly in health and strength.

F. T., Oklahoma.

We will have to be satisfied with the slow improvement in this case, and continue the treatment, with some attention to the skin in the way of hot salt baths with brisk rubbing, and careful regulation of the diet to the needs.—Ed.

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REPORT ON QUERY:—"Epilepsy." My two cases were total failures. One was 500 miles away, the other ten miles.

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#### QUERIES.

QUERY 3638:—"Reflexes." Mrs. S., 27, one child, had typhoid fever about a year ago, complete recovery, operated upon for ruptured perineum and cervix, which was not successful for an opening remains below the meatus of urethra; for two years there has been a burning sensation at this opening; has been growing worse for the past two months, soreness across the bowels and bloating at times, some pain in small of back, nervous, headache, urine 24 oz. in 24 hours, sweating of feet and hands, appetite fair, constipated, pulse 94, temp. 99, anemic, fullness of face and slight oedema, anus partly stitched up in the operation.

D. M. S., South Dakota.

The operation was not successful, and should be done over. It is doubtful if any internal treatment will do any good until that is done. The kidneys are not acting well, and you will probably find apocynin of considerable value, giving

Doubtless the directions were not properly carried out as regards diet and regulating the bowels. I like the alkaloids—they are so very easy to administer, and with certain results.

E. C. S., Canada.

—:o:—

Under the circumstances nothing but failure was to be expected. It is absolutely necessary in treating epilepsy to search for and remove every possible cause of irritation, and to regulate the diet by excluding salt. We speak of this matter every time we say a word about epilepsy, but the profession persists in asking for that impossible thing, a specific that will relieve them and the patient of the task of doing anything else but give a few doses of medicine. The nickel in the slot method is not alkalometry.—Ed.

about two granules every two hours. The high specific gravity of the urine is still insufficient to carry off the due amount of solids. She should take half a glass of hot water with each dose of apocynin. My experience has been that there is no remedy for the morbid reflexes set up by such a condition except curing it by operation.—Ed.

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QUERY 3639:—"Renal Insufficiency." Woman, 37, nervous, temp. 70 to 75, occasionally 90, appetite fair but food causes distress, pain in stomach and soreness; constipated, pain in kidneys with sensation of fullness in back; urine scanty, ten ounces in twenty-four hours; heart easily excited, anything stimulating taken into the stomach causes palpitation; numbness, very anemic and feeble, frequent and severe headaches.

L. G. W., Wisconsin.

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Bronchorrhea: Calcium sulphide, iodized and lactophosphate, with sulphocarbolate, make a useful combination.

Bronchorrhea: A wise union of iodides improves strength and favorably modifies the local conditions.

This patient is only excreting 330 grains of solids daily, about one-third the normal amount. You need look no further for the source of trouble. Begin with her diet and give her all the juicy fruits you can get her to take. If you cannot get these, get fruit juices and give *ad lib*. Take grape juice for instance and let her take (of the bottled) two tablespoonfuls in a glass of water one hour before each meal and on going to bed. Unload her bowels by a morning dose of Salithia in a full large glass of very cold water, to be taken immediately on rising and at least one hour before breakfast. Give her boldine a granule before and one after each meal and one on going to bed, to stir up the liver and increase the excretion of urea. Let her diet have but little nitrogenous matter in it until the kidneys catch up.—Ed.

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QUERY 3640:—"Rheumatism." My wife, eight months pregnant, suffers extremely from rheumatism of the hand, the left, worse at night, requires narcotics for sleep; little swelling, draws, aches and pains most of the time; have given alkalies, now trying Thialion without benefit. This is the fourth pregnancy, the others uneventful.

J. L. S., Missouri.

It depends on the urine. If albuminous you have the cause right there. It looks like a neuritis from your description, dependent on autotoxemia. If so, you know the remedy; but you had better examine the urine thoroughly.—Ed.

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QUERY 3641:—"Sciatica." Butcher, 45, used cane or crutch or both since October, could not sit on left ischial tuberosity; urine strongly acid, s. g. 1030, loaded with urates; pain from sacro-

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Bronchorrhea: Calcium lactophosphate with iron phosphate and phosphoric acid, form a fine tonic combination.

sciatic notch to mid-calf. Began with Betz hot air, Saline Laxative, Alkalithia, colchicine, Intestinal Antiseptics, strychnine arsenate, all in full doses; also cystine or formin, and on account of dormant stomach quassin, pepsin and most of the digestants, all the  $H_2O$  he could hold, and a careful and vegetable diet. He improved slowly after the first week, and at the end of the 4th could walk with the cane only or even without it. But still the soreness remained along the upper part of the nerve. Continued treatment four weeks more without further benefit. For eight nights gave hypo. of atropine gr. 1-100 and morphine gr. 1-8 in a syringe of chloroform water, with only temporary relief. The injections were along the nerve in the most painful region. For some weeks the patient has directed his own treatment and now is worse; in bed for a day or so, elimination defective. I have ordered a Betz wall-plate for this case. I am satisfied that there will be no quick cure here, and the fellow who told the preacher to throw away his crutches and gave him a deep injection and cured by that alone, cannot do it in this case.

G. L. L., Michigan.

In treating sciatica I would advise careful attention to be given to the rectum, as rectal disease very frequently causes sciatica. This being done I think that rhus gives an excellent chance of a cure, with deep massage in case of neuritis; but you must not ever promise a sure cure in sciatica. Flexing the thigh on the body with the leg extended so as to stretch the nerve sometimes is of very great benefit. Usually this must be done under anesthesia.—Ed.

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QUERY 3642:—"Sleeplessness." Man, 60, on going to bed gets from one to two hours' sleep, awakes and cannot get to sleep again until time to arise; if I undertake to read during the day will fall

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

asleep over my book but cannot sleep on going to bed; do not use tobacco or any narcotic.

J. A. S., South Dakota.

In the first place see that your bowels are clear and aseptic, for some toxins formed in the alimentary canal resemble atropine and keep one awake. Next try the effect of the prolonged hot bath, or a tumbler of clam broth with plenty of red pepper in it, just before going to bed. If these fail take three Dosimetric Triad granules on retiring. I am quite sure one of these things will relieve you. Suppose they don't. The wakefulness may be an autosuggestion and this may be broken up by taking fifteen grains of Trional in succession for three nights, after which you should be able to sleep nicely. You had better investigate the condition of your kidneys and your arteries, as sclerosis of the kidney, or atheroma, may be present which would require treatment.—Ed.

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QUERY 3643:—"Stomach Trouble." Man, 65, can eat a big dinner without distress, but a very light supper of a few crackers and a wee bit of cake gives severe pain for the full night; breakfast is all right if I eat only a cracker, but if I eat a bit of meat I suffer all day; constipation and flatulence. Pepsin, peptonoids and prepared foods are worse than worthless.

A. C. M., Indiana.

Firstly, men of your age as a rule should do with much less food than formerly, and the indications you describe probably point to the wisdom of a close limitation. Secondly, men of your age are liable to constipation, and a little dose of saline laxative, the smaller the better, taken in a full large glass

cold water immediately on rising and at least an hour before eating your breakfast, is generally advisable.

Thirdly, your stomach may and very likely is, somewhat dilated, and the contractile effect of berberine, one grain a day, would within a week or two produce a most beneficial effect. Finally, your teeth may be defective at your age, and you may not masticate your food with that thoroughness which is desirable. Altogether, I don't see in your letter evidence to warrant me in suggesting any other medication but this, with papayotin, gr. 1-2 taken at the beginning of each meal which should start up digestion, and finally compound manganese tablets for use when you should take a tablet dissolved in an ounce or so of hot water every five minutes until relieved.—Ed.

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QUERY 3644:—"Stomach Trouble." Man, 36, of tuberculous parents, health has been good until eighteen months ago, but now has catarrh of the stomach and bowels; had typhoid in August, good recovery but never gained flesh and strength, heart and lungs normal, no kidney trouble, after eating has fullness in stomach with belching, vomits hot water almost every day, constipated, feces covered with mucus, heart beat causes a similar beat in stomach, has had palpitation.

L. A. C., Tennessee.

For this man I should recommend silver oxide gr. 1-2, juglandin one grain, copper arsenite gr. 1-100, to be taken before each meal and on going to bed. After one week replace the silver with one grain of zinc oxide and add to each dose quassin gr. 1-67 three granules. Let his diet be very carefully arranged to meet his needs and instruct him in the proper

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Nephritis, chronic: Pilocarpine or a steam bath or hot pack may be used to dissipate uremic manifestations.

Nephritis, chronic desquamative: Small doses of eucalyptol are sometimes useful in stimulating a sluggish kidney.

way of eating. Don't let him eat more than he can digest and if he does not digest his food properly give him a few granules of papayotin with each meal.—Ed.

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QUERY 3645:—"Nuclein." How will nuclein combine with calcium sulphide and echinacea in the treatment of buhonic fever?

A. J. C., Mexico.

Nuclein can be given with calcium sulphide and echinacea. Push them to full effect, Doctor, and let us know the results. I am deeply interested.—Ed.

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QUERY 3646:—"Tobacco Habit." Please tell me the effect of berberine in the treatment of the tobacco habit.

A. D. B., Missouri.

Berberine contracts connective tissue universally. In alcoholism it contracts the dilated stomach, and gives tone to the digestive system like all bitters.—Ed.

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QUERY 3647:—"Tuberculosis." Boy, cavity in left lung, upper part, tubercle bacilli in sputa, temp. from 99 to 102, not much soreness in lung, doesn't cough so much, very little sputa, appetite good, sleeps well. He is taking strychnine arsenate gr. 1-30, iodoform gr. 1-2, codeine gr. 1-6, nuclein 2 minims, six times a day; also W-A Intestinal Antiseptics gr. 40 in twenty-four hours.

I advise for your boy Euarol with an oil atomizer, which I would use several times a day, first clearing secretions from the pulmonary tract by a few minutes inhalation of the fumes of boiling vinegar; then use the Euarol. I have lately sent all such cases to Phoenix, Ariz., but have just been presented with a mass of testimony which staggers me,

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Nephritis: The salts of gold have been widely recommended as curative of all chronic forms. Give freely up to tolerance.

on the merits of the piny woods of central Florida. Look out for this matter in the CLINIC, and judge accordingly.—Ed.

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QUERY 3648:—"Typhoid Fever." The chart begins on the day the patient was put to bed, higher next day at evening, constipated during entire course; pulse as high as 120 for first three days, since then only reached 108, usually between 90 and 100, down to 84 this a. m., full and strong, breathing normal, no delirium, stupid for three days during second week, lungs normal but a little sore throat, some headache, epistaxis only once, bowels tender for first few days, emaciation slight, nausea and vomiting for about one week, but seemed to be due to medication, appetite good throughout, ravenous now, pale, flushed face three times, temp. taken between 9 and 10. Treatment: Woodbridge.

L. S. W., Kansas.

Taken altogether this case may have been a typhoid fever, or a simple auto-toxicemic fever, the latter being the more probable.—Ed.

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QUERY 3649:—"Worms." Girl, 7, pin-worms for two years; has the appearance of a healthy, well-nourished child, pain in lower part of the sternum which goes to the stomach and bowels, usual worm symptoms.

I put her on santonin gr. 1-10 and calomel gr. 1-10, one every two hours until six tablets were taken, to be followed by salts; repeated every other day for three days; also to begin each morning with a rectal injection of water 1-2 gallon, in which was dissolved a half teaspoonful of salts.

T. I., Indiana.

Santonin has proved its value in lumbricoids, but the evidence in regard to its use in seat-worms is inconclusive. No worm relishes the taste of iron and it is

For further suggestions on these queries see the "Ad Index" in the advertising pages following.



always wise to give a course of it. Dr. Epstein suggests that all animals that have no red blood dislike iron. Add to this berberine, and give a grain a day, with iron phosphate ten granules a day, during convalescence; but first clear the worms away by the use of the "worm-remover," from which we are getting very satisfactory results. I like your salt enemas also, but would dissolve a tablet of quassin gr. 1-6 in each.—Ed.

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QUERY 3650:—"Alcohol." I would like to have the following questions answered by the readers of the CLINIC: How long have you practised medicine?

What is your opinion of alcohol as a medicine?

Is it a stimulant?

W. W. LEMMON.

Nardin, Ark.

Send replies direct to Dr. Lemmon.—Ed.

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QUERY 3651:—"Biliousness." Woman, 60, chronic nervous and digestive troubles, sallow, malarial, but cannot take quinine or Warburg's tincture; every five to seven days has to take calomel to avert a bilious attack, vomiting, purging, sometimes fever, and prostration. All substitutes for calomel fail, and it may not succeed. Now taking colchicine, salines and Intestinal Antiseptics. Health improved, also digestion, dreads calomel.

O. E. W., Florida.

Let the woman take boldine, gr. 1-67, seven granules a day, quinine arsenate, gr. 1-6, three times a day, gradually rising to seven. Continue the intestinal antiseptic also, and for a while give her a weekly dose of calomel, but in a few weeks this should be unnecessary.—Ed.

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Nephritis, chronic: In cases due to syphilis, gold iodide should be useful; the bromide in all the forms.

QUERY 3652:—"Books." What is the best and most extensive work on Therapeutics?

T. M., Maryland.

Your best work on Therapeutics is Ellingwood of the Eclectics, or Shoemaker of the regular. Better get them both, Doctor, and you will not regret it. Ed.

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QUERY 3653:—"Books." What textbook on Diseases of Children would you recommend? Am anxious to get one that follows your teachings, if possible. W. A., South Carolina.

There is no work on pediatrics which follows our teaching. In the "Treatment of the Sick" and "Respiratory Diseases," the diseases of children, I think, are fully considered, as well as those of adults.

Dr. Epstein, who reviews books for us, prefers of the recent books on children's diseases, Oppenheim's, published by the MacMillan Co., New York, or else Koplik's book, published by Lea Bros., at \$5.00.—Ed.

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QUERY 3654:—"Paretic constipation." It takes 27 anticonstipation granules a day to regulate my chronic constipation. My left side has been paralyzed, the arm still useless.

A. J. B., Kansas.

In this case you probably need a large addition to the strychnine. I have always found that in constipation of palsied persons excellent results were obtained from one-half pint enemas of cold saturated salt solution.—Ed.

✽

QUERY 3655:—"Dry Cough." I am having some of the most obstinate cases of dry, hard and continued cough I have

Nephritis, chronic interstitial: Gold, arsenic and mercury chlorides are thought to check the cirrhotic process.

ever seen; and my success in breaking them up has not been all that could be desired.

C. F. L., Minnesota.

Give apomorphine gr. 5-67, and heroin gr. 1-24, every two hours till the secretion is loose, and then often enough to keep it that way. Apply volatile liniment to the chest and throat at bedtime, and protect against exposure during the day.—Ed.

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QUERY 3656:—"Diabetes." Kindly give me your prognosis and treatment for a case of diabetic urine?

R. M. M., N. Dakota.

The report shows a moderate amount of sugar, very moderate, and so far prognosis is favorable; but as you gave no symptoms, of course we can say nothing as to that. Some time ago we came upon a French granule termed Diabetes Mellitus. The reports from this granule have been exceptionally favorable, and I feel fully warranted in advising you to give it a trial. The dose is from one to three before each meal and on going to bed. I am getting a good deal of respect for French Therapeutics, and have learned not to pass their suggestions by without at least a trial.—Ed.

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QUERY 3657:—"Diabetes Mellitus." Have you something in the alkaloids to recommend for diabetes mellitus? I have a boy, 18, that has it.

E. E. B., Illinois.

First, Salithia, a morning dose in cold water, enough to open the bowels. Second, intestinal antiseptics, enough to disinfect the bowels. Third, the formula for diabetes mellitus; strychnine arsenate

gr. 1-134, iron ars, gr. 1-67, lithium benz. gr. 1-3, quassin gr. 1-67, three before each meal. This latter is a French formula which has proved unexpectedly valuable in this condition. As to the diet, you know what to give the boy without any suggestion from us. I notice that few of the specialists insist on rigid diet nowadays but all allow potato as a substitute for bread.—Ed.

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QUERY 3658:—"Doctor Wanted." In a growing town in the rice and oil region in southwestern Louisiana, there is work for two doctors and only one there. More information can be obtained by addressing

R. S. Dossmann, M. D.  
Dossmann, La.

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QUERY 3659:—"Dysentery." Man, 35, brother died of phthisis, dysentery from eating. Corked up last summer with W-A Intestinal Antiseptics, one every two hours till effect; slight fever, night-sweats, slight cough, passes pus and blood from bowels; kidneys are inactive; brought on by cold application during pneumonia. Hot water enema; two tablets of Intestinal Antiseptics; iodoform, gr. 1-6, every hour till systemic effect; iron iodide, gr. 1-12, to be given with iodoform; salts to keep bowels open.

J. A. C., Kansas.

This man's bowels are ulcerated. Your colon flushing is all right, but use silver nitrate, two grains to the pint, once a week. Give him internally oil of turpentine with the intestinal antiseptics and iodoform, but no iron. Cotoin is said to be specifically useful in diarrheas of tubercular character, but useless in all others, so much so that its effects are

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Nephritis, chronic desquamative: Benzoic acid has some power in curing, when given in small doses for months.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

diagnostic. This is an exaggeration, but it is certainly a valuable addition in such cases. Keep this man on food digested wholly in the stomach until his intestinal trouble is cured. I am a believer in the silver salts for such cases; although the danger of argyria compels their discontinuance about the time the benefit is manifest. Then replace them by zinc oxide, and push it up to full toleration.—Ed.

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QUERY 3660:—"Dyspepsia." Man, 50, gastric trouble for 15 years, chronic dyspepsia 6 years, used to drink some; two months ago he was slightly jaundiced, dizzy, nauseated, at times vomiting, slight fever, mental depression, hypochondria, appetite at times ravenous, colicky epigastric pains, every few days vomited quarts of liquid though he drank little water; vomit clear and very sour, containing thick mucus, sometimes black, thick and bilious; on calomel, podophyllin and salines, pepsin and pancreatin, fever subsided; with Triple Arsenates, aqua regia and bismuth, he improved slightly though very weak. Two weeks later he relapsed, similar symptoms, pains radiating from right hypochondrium to stomach and spine. The stomach would appear normal, then in close succession a prominence would begin at ensiform cartilage, pass slowly down and to right, from cardia to pylorus, then back under the cartilage and repeat; as a moving body, with prominences in the cardiac and pyloric ends, divided by a crease. On palpation the prominence felt hard, and soon disappeared with or without pressure. Seldom any gurgling. Complained of a mass in the stomach. Percussion over stomach dull when this is present. Prominence size of teacup up to that of stomach. Diagnosed as tape-worm and gave salts, low diet, male fern, castor oil, and pelletierine; but if that man has

worms they are stuck on the climate as we haven't seen any yet. No history of segments passing.

R. C. S., Missouri.

This may be a catarrh of the duodenum, and gall-ducts or of the stomach, with dilatation. Put him at once on sodium succinate five grains, dioscorein three granules and boldine 2 granules, before each meal and on going to bed, and keep him on this for at least three months. Let his diet consist of not more than one glass of milk every four hours, alternating with pure fruit juice of any acceptable kind. After he commences to get better add two granules of berberine gr. 1-6 each, to each dose of the above. Let the food be taken under the Mitchell rules, taking one-half hour to consume eight ounces. Do not let him drink any liquid whatever excepting as above. I don't believe it is tape-worm, or any kind of worm, but one of the vagaries of a catarrhal stomach. There is only one symptom of tape-worm and that is the discharge of the segments.—Ed.

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QUERY 3661:—"Epilepsy." Boy, 10, ailing for over a year, able to keep up and work until lately, becomes unconscious and stares at any object; during the spells kidneys act freely; spells last two or three minutes and he is dull and stupid for some time, no soreness about spine, no sexual trouble, heart beats too strong and fast, occasionally beat is much weaker, almost imperceptible; eats too hearty; tongue coated white, no convulsive movements during paroxysms.

W. M. F., Alabama.

This disease is epilepsy, as yet *petit mal*. Keep his bowels clear with anticonstipation granules. Regulate his diet, carefully excluding salt altogether, and give

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Nephritis, chronic interstitial: The value of glonoin is well proved. Veratrine should be even better for tension.

Nephritis, chronic: The most intractable cases we ever met were cyclic dropsies, in children—never helped one yet.

him a granule of verbenin, gr. 1-6, four times a day. Use sodium bromide gr. v at each meal in his food, to replace the salt. Also "worm remover" granules, I am pretty sure are needed in this case.

One thing which impresses me in your letter is that a 10-year-old boy who is ill should be working. Is that customary in your section?—Ed.

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QUERY 3662:—"Epilepsy." A poor epileptic of 15 years' standing has appealed to me. He can pay but two dollars a month. How many months will it take to cure him? Can I afford to put him on the alkaloidal treatment at that rate? How about the granule to dilate the arterioles in the brain?

J. W. C., Missouri.

Now my good friend, you surely knew better than to promise a cure of epilepsy in any given time. If you stop salt you will find that the spasms will be prevented by about one-fourth the dose of bromide required otherwise, but whether you can give enough bromide and verbenin to give you a profit on \$2.00 a month, is more than I can say. Tell the man he will have to take the treatment a year, and if he is not willing or able to do this, you will have to pass him by. The Anti-Epilepsy granules to which you refer are especially valuable when the patient feels the attack coming on, as by dilating the cerebral vessels the attack is promptly aborted.—Ed.

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QUERY 3663:—"Epilepsy." Girl, 4, has peculiar spells, unconscious and falls to the floor, head drawn backward, stiff and rigid, chokes, imperfect vision before spell, one or two hard spells during the day; after spell passes off she gets drowsy and goes to sleep.

W. H. C., Missouri.

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Nephritis, chronic: Desquamative cases mostly recover; interstitials do well for many years if obedient to orders.

This is a case of epilepsy, and should be treated as follows: Go over her entire body in search of reflexes, especially examining the genetic apparatus and rectum; also for worms. Correct anything found out of order, no matter how slight. Exclude salt from her diet as rigidly as possible. Give viburnin a granule four times a day. Add one granule a day every time she has a fit. Keep the bowels soluble and aseptic, and do not allow her to over-eat. Be very moderate in the use of meat and sugar.—Ed.

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QUERY 3664:—"Flatulence." Man, 45, otherwise healthy, flatulent bowels cause distention and pain, colicky, gas very offensive when passed, no borborygmi or constipation, uses no tobacco or liquor, enjoys meals, not a big eater, mixed diet, in office half a day, driving the other half, worse after long drive, sleeps well after evacuating gas, which passes best when recumbent.

J. S. B., Pennsylvania.

My remedies would be, first, podophyllin gr. 1-12 to 1-6 at bedtime, to insure proper evacuation; second, physostigmine gr. 1-250 three times a day, to act quickly in stopping the flatulence; and berberine gr. 1-6 seven times a day to contract the dilated bowel. The treatment should be kept up a month. While the bowels may be moved every day I am certain they are not moved enough, and I judge that the patient is eating too much meat or possibly not eating properly. At any rate digestion is imperfect.

Add to the above intestinal antiseptics, the dose of which to your patient should be enough to deodorize the stools.—Ed.

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QUERY 3665:—"Fumigation." Tell me an efficient method of disinfecting a

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

room that has been occupied by scarlet fever patients. Is formaldehyde gas an efficient germicide? How may a room be disinfected by this gas? How long should a room be subjected to the fumes of this gas?

G. C. S., Ohio.

Formaldehyde is the best disinfectant. Write to Schering & Glatz, and get one of their lamps for that purpose. They will give you full directions, better than we could. One thing absolutely necessary is that the bedding, clothes, etc., should be tossed up loose, that the gas may readily penetrate. Cyrus Edson told us they once tried to disinfect a blanket by fumigation. The blanket had been hung out in the snow, and was rolled up and put into the disinfectant for some hours. On unfolding it a big chunk of snow was found unmelted in the center. We once thoroughly disinfected for scarlet fever, and when the other children returned to the house they went promptly down with the fever. Talking over the case with the mother to ascertain the cause of the failure we happened to notice that she had very heavy hair. We asked if she had disinfected her hair and found she had not. She had nursed the child during its sickness, and undoubtedly her hair carried the infection to the other children.—Ed.

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QUERIES 3666-7-8:—"Gastritis." Maiden, 23, family history good, has been sick three years; doctoring for stomach and kidneys; urine dark, s. g. 1030, no albumin or sugar, excess of phosphates, stomach sore to touch, tympanites, belching all the time, tongue heavily coated, sometimes nearly black, vomits foamy substance like soapsuds.

Treatment: Arbutin and juglandin each gr. 1-6 every two hours; lithium benzoate gr. 1-2; sanguinarine gr. 1-134; strychnine arsenate gr. 1-134; papayotin gr. 1-3; after meals, and two W-A Intestinal Antiseptics half hour before meals; pulse and temp. normal.

"Spermatorrhoea." Young man, teacher, 24, pulse 60 to 110, temp. 98.4, urine alkaline, s. g. 1024, no albumin or sugar but phosphates in excess; sleep broken; seminal emissions after urination; I have not been able to discover any discharge in six months.

I gave him cypripedin four times a day; soda benzoate, gr. 5, four times a day, and after the emissions were checked by hyoscyamine and camphor monobromate then I gave strychnine, phosphorus and quassin. Patient is much improved but not well, as the nervousness keeps coming back.

"Neuralgia." German, 60, cigar roller, sun pain, supra-orbital neuralgia, has taken all drugs, no relief. I cupped over nerve and gave elaterium with some relief but it will not cure. Twenty years of pain every two or three years.

W. W. H., Ohio.

For your first case your treatment is all right excepting that you have left out the beginning, which is the proper regulation of the bowels. In this case use colonic flushing in the knee-chest posture till the bowels are empty; then keep them so with anticonstipation granules.

In your second case use Euarol in the prostatic urethra and continue the cypripedin and you will cure him all right. Then marry him to the first case.

Before operating the cigar-maker's nerve, have his eyes properly fitted with glasses, and then regulate his bowels so as to prevent autotoxemia, and between the two I am sure you will cure him.—Ed.

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Nephritis, chronic: Protection from colds by woollens and avoidance of cold, wet and wind, does much to prolong life.

Nephritis, amyloid: We have never known any remedy to influence these cases to an appreciable degree.



## NEWS, NOTES AND NOTIONS

For the gastritis of drunkards nothing equals capsin.

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Monier has isolated a soluble ferment from the thyroid gland.

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For those "strumous" children try the effect of calcium iodized and Nuclein.

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A good idea in *petit mal* is to add verbenin in moderate dosage to the glonoin treatment.

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Dr. E. A. Buchholz, Keensburg, Ill., knows of a good location open to a good doctor. Write him.

❖

Don't give the same thing long in cases of dyspepsia; quassin may succeed when gentian and calumbo fail.

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In all cases of bowel relaxation the first thought should be berberine; then as a safeguard make things aseptic inside.

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If in adenitis you suspect the formation of pus, calcium sulphide should be the main reliance alternating with iodoform.

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Chicago's sewer system is outgrown, and the spring floods have brought this fact strongly home on some of the low-lying suburbs.

Do not forget the use of gelseminine and cannabin in old stubborn cases of dysmenorrhea. It usually cures the condition, though not the cause.

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"Biliousness" cannot exist if you give calomel and podophyllin gr. 1-6 each, for six doses at half-hourly intervals, every other night for one week.

❖

The *Western Druggist* prints an article: "The Treatment of Wounds and Contusions by the Apothecary." The best way is to send them to a doctor.

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Don't forget that in most cases of *petit mal* a granule of glonoin given every two hours will often do wonders. Never use this drug in *haut mal* as it is worse than useless.

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In erysipelas there is nothing like ichthyol locally. Give calcium sulphate to saturation, and aconitine or veratrine for pyrexia. Tonic treatment is needed after the attack is mastered.

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Thirteen more cases of smallpox; ten never vaccinated, three had old doubtful scars said to have been from vaccination in childhood. The disease all over the country has developed malignancy. We hear nothing much about Cuban itch now. The malady has grown into the regular, old-fashioned, unmistakable smallpox of former times.

The syphilitic liver is indurated and abnormally large.

✽

A process for obtaining acetone from any saccharine matter has just been patented.

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In adenitis Nuclein and the Triple Arsenates, with ichthyol locally, will prove the best treatment.

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The oil of cajeput in three-drop doses on a piece of bread or sugar will stop most flatulent conditions.

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In diphtheria remember that Loeffler's sol. is very painful, and that hydrogen peroxide is not, though just as beneficial.

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During the week ending March 7 Chicago reported 595 deaths, of which 252 were from diseases affecting mainly the lungs.

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Nearly all the oil of wintergreen on the market is made from the black birch by distillation. It is a Massachusetts product.

✽

Remember that pure glycerin is one of our best remedies for an irritable gastric mucosa. It is often useful in chronic dyspepsia.

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Eucalyptol is made from eucalyptus oil in Germany, by stirring the oil with phosphoric acid and decomposing the product with water.

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Nephritis, chronic: In all forms a diet of fruit juices with little albumenoids is of the first importance.

There is good reason for believing that with an excess of hydrochloric acid in the stomach, part of any calomel ingested becomes corrosive sub.

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It is best to use Castile soap cut into shreds and dried for soap liniment. The powdered soap of commerce contains animal fat and separates.

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Steps are being taken to enforce the "Anti-cocaine" law. This prohibits any druggist from selling cocaine in any form without a prescription.

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West Liberty, W. Va., will have Dr. Thomas of Red House, W. Va., settle there. We congratulate both the doctor and the West Liberty people.

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Arrangements are being perfected for a banquet which will be given in April at the Planters' Hotel by the St. Louis Medical Society to four honored members of that organization. They are Dr. William Johnston, Dr. Simon Pollak, Dr. John Bates Johnson and Dr. William McPheeters. All of them are octogenarians.

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The Sections of Cutaneous Medicine and Hygiene of the A. M. A. desire to bring about a propaganda against the venereal diseases, and ask all physicians to aid the movement, publicly and privately, as they may have the opportunity. Write to the Secretary and ascertain what is being done and the plans of those having the matter in charge. The need is great. The Secretary is Ludwig Weiss, M. D., 77 East 91st St., New York.

Nephritis: The kidneys cannot rest, but their work is lightened greatly by avoiding irritants in diet.